



# Needs assessment of vulnerable and looked after children in West Sussex

Final report

September 2008

Contributing to the West Sussex Joint Strategic Needs Assessment



West Sussex  
Primary Care Trust



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## Abbreviations

ADHD	Attention deficit hyperactivity disorder
APA	Annual Performance Assessment
ASD	Autistic spectrum disorder
ASBO	Anti Social Behaviour Order
BHLP	Budget-holding Lead Professional
CAF	Common Assessment Framework
CAFCASS	Child and Family Court Advisory Service
CAMHS	Child and Adolescent Mental Health Service
CDRP	Crime and Disorder Reduction Partnership
CSCI	Commission for Social Care Inspection
CYPS	West Sussex Children and Young People's Services
DCLG	Department for Communities and Local Government
DCSF	Department for Children, Schools and Families
DAAT	Drug and Alcohol Action Team
EAL	English as an additional language
EMAT	Ethnic Minority Achievement Team
IMD	Index of Multiple Deprivation
IRO	Independent Reviewing Officer
ISDA	Integrated Service Delivery Area
JAR	Joint Area Review
JAT	Joint Access Team
KI	Key informant
LAA	Local Area Agreement
LAAC	CAMHS Looked After and Adopted Children service
LAC	Looked after children
LD	Learning disabilities
LSCB	Local Safeguarding Children Board
LSOA	Lower Super Output Area
LNIA	Local Neighbourhood Improvement Area

<b>MST</b>	Multisystemic therapy
<b>MYE</b>	Mid year estimate
<b>NEET</b>	Not in education, employment or training
<b>NSF</b>	National Service Framework
<b>Ofsted</b>	Office for Standards in Education, Children's Services and Skills
<b>ONS</b>	Office for National Statistics
<b>PAR Project</b>	Participation Action and Rights Project (West Sussex)
<b>PCSO</b>	Police Community Support Officer
<b>PCT</b>	Primary Care Trust
<b>PRU</b>	Pupil Referral Unit
<b>PSB</b>	Public Service Board
<b>SCIE</b>	Social Care Institute for Excellence
<b>SEN</b>	Special educational needs
<b>SSLP</b>	Sure Start Local Programmes
<b>UASC</b>	Unaccompanied asylum seeking children
<b>WSCC</b>	West Sussex County Council
<b>YOS</b>	Youth Offending Service
<b>YOT</b>	Youth Offending Team
<b>YP</b>	Young people

# Executive summary

## Introduction

A shared priority of the West Sussex Children and Young People's Plan is to support vulnerable groups and individuals by ensuring organisations are working well together to meet their diverse needs. This assessment of the needs of vulnerable and looked after children has been carried out in order to investigate how far services in West Sussex are meeting guidelines, statutory requirements and recommendations of best practice. The process has been driven through a partnership involving West Sussex Primary Care Trust and West Sussex County Council, and has been led by the West Sussex Public Health Observatory.

## Background

It has been indicated locally that there is scope to improve services for vulnerable children and young people, integrate preventive measures into mainstream services and raise awareness in all commissioning and provider organisations. There are also a number of important national programmes and policy agendas to support this acknowledgement and provide a model framework for children's services and the care of looked after children, including: *Every Child Matters*, the *Children's Plan*, the *Child Health Promotion Programme* and *Care Matters: Time for Change*. The *Every Child Matters* programme advocates that children and young people from all backgrounds and circumstances will be supported by organisations working together in new ways, sharing information and helping them achieve what they want in life. The *Children's Plan* suggests that some of the means of reaching and supporting the most vulnerable families will include:

- Increasing parent support by employing parenting advisers and encouraging greater engagement of fathers
- Expanding outreach so that there are a minimum of two outreach workers in children's centres in the most disadvantaged areas
- Reforming the child maintenance system to increase family stability and reduce child poverty
- Increasing short break provision for disabled young people.

Furthermore, embedding the principle of 'progressive universalism' into services will ensure that additional targeted support is provided to those children and families at greatest risk.

The *Care Matters: Time for Change* white paper sets out a range of measures and recommendations to

improve the prospects and quality of life for looked after children. It has four central principles:

1. Uncompromisingly high ambitions for children in care
2. Good parenting from everyone in the system
3. Stability in every aspect of the child's experience
4. Centrality of the voice of the child

Obtaining reliable evidence of what works to improve outcomes for vulnerable and looked after children is a challenging task, and often best practice examples in the organisation of social care services are the only point of reference. In this needs assessment a synthesis of reviews relating to available evidence has been used to develop possible recommendations around early intervention; resilience of vulnerable children and young people; the education, health and wellbeing of looked after children; and what works in child placements, foster care, adoption and leaving care. Effective preventive programmes include health-led intensive home visiting during pregnancy and the early years of a child's life, and structured parenting support programmes such as Triple P (Positive Parenting Programme), Webster-Stratton "Incredible Years" and Strengthening Families, Strengthening Communities. For services that cater for children in care the evidence indicates that the most successful approaches are child and young person centred, non-discriminatory and accessible, and culturally appropriate. A clear and systematic framework and protocol for assessing, monitoring and recording the progress of children in care, plus dedicated gateways and referral to specialist support are also essential.

This needs assessment has involved compiling relevant information already available, carrying out epidemiological analysis, interviewing key informants (professionals, including foster carers) and talking to vulnerable children and young people, including looked after children. Recommendations are based on the information collected and on evidence-based initiatives that can improve outcomes for vulnerable children and young people. Consequently the needs assessment has consisted of:

- Literature search and evidence review
- Collection of relevant West Sussex strategies, reports, evaluations and service reviews
- Analysis of available epidemiological data on vulnerable and looked after children
- Interviews and focus groups with professionals (including foster carers)
- Focus groups with children and young people.

In 2006 there were around 180,000 children and young people aged 0-19 years (the age group covered by the West Sussex Children and Young People's Plan). This is a 1.7% increase since 2002. According to the definition of vulnerable children as "disadvantaged children who would benefit from extra help from public agencies in order to make the best of their life chances", there are estimated to be approximately 60,000 vulnerable children and young people in West Sussex.

The population under investigation in this needs assessment includes young people resident in West Sussex who meet the following criteria:

- Any child or young person who is looked after (in public care)
- Anyone who has left care in the last two years (under 20 years of age)
- Those under 18 years who are considered by health or social services to be 'high risk'.

'High risk' has been defined as including children and young people in special circumstances such as: children whose families have experienced homelessness and who are living in temporary accommodation, and children who have run away from home or care; children exposed to domestic violence family conflict and/or family breakdown; children who suffer from sexual exploitation; children of parents with specific health needs, for example, those with mental health problems; children of problem drinkers or substance misusers; children who have been excluded from school, are truanting, or are otherwise missing school; young people over 16 who are not in education, employment or training; teenage parents and their children; and children from some ethnic minorities and refugee or asylum-seeking children.

## Profile of looked after children

On the 31 March 2008 there were 769 children looked after by West Sussex County Council, an increase of 72 since 2004. Around 16% of looked after children are under the age of five, with just over a third under the age of ten. Just under half of looked after children are between ten and fifteen years old. It has not been possible to gather data on looked after children who are placed in West Sussex but are under the responsibility of another local authority, although it is estimated that this group equals the number for West Sussex.

Over half the children looked after by West Sussex County Council are on care orders (403), with the majority of the rest being accommodated under voluntary agreements with parents (331). If a child is subject to a care order, the local authority must accommodate them. In voluntary situations, a range

of services might be available to assist the families, only one of which is accommodating the child.

A large proportion of West Sussex looked after children are placed with foster carers (72% in 2007/08), with the majority placed inside the local authority (63%). Around one in ten looked after children are placed in children's homes, either inside (9%) or outside (4%) the local authority. The rest are placed with their own parents (4%), in hostels or other supportive placements (4%), placed for adoption (3%), in residential schools (2%), in lodgings, residential employment or living independently (1%) or in a secure unit (1%).

## Select LAC outcome indicators and lifestyle factors

Between 2000 and 2007 there has been a 10% rise in the proportion of looked after children taking GCSEs/GNVQs. The proportion of LAC in West Sussex who have a statement of special educational needs has fluctuated between 30 and 40%, and has consistently been higher than the national figure. In the last eight years the proportion of LAC achieving five A\*-G GCSE grades has also fluctuated between 30 and 50%, whereas the proportion of all children in West Sussex achieving the same has consistently been above 90%.

Since 2001 the rate of dental check-ups for looked after children in West Sussex has been higher than that nationally, and has been consistently over 90%. Similarly, the percentage of looked after children whose immunisations are up-to-date has been consistently high. Nationally the percentage of looked after children who have had annual health assessments increased steadily between 2000 and 2007. However, this trend is not reflected in looked after children in West Sussex. Here the percentages who had annual health assessments were markedly higher in the earlier years, but have since fallen off and are now consistently below those of looked after children nationally.

In 2007 a report on the lifestyles of 14-15 year olds attending 30 schools in West Sussex was published. The report provides information on various risk and resilience factors in young people collected through a survey carried out in 2006. Those in care reported that they were more likely to engage in, or experience, certain risk factors than other respondents. Regular smoking, current cannabis use, and regularly feeling stressed were all more likely among those in care. Those in care were also less likely to intend to take GCSEs, more likely to have bullied someone and more likely to have seen a counsellor than other respondents.

## Methods

The main method of data collection was through interviews and focus groups with key informants. Key informants included professionals who either work directly with vulnerable and looked after children or are responsible for services provided. A standard questionnaire for the key informant interviews was developed by a needs assessment working group established to drive the process. This method was used to explore the normative and corporate needs. Interviews commenced in December 2007 and were completed in May 2008. Focus groups were also held with select key groups of professionals so that the issues involved could be explored in more detail. The focus group discussions were audio recorded and transcribed following agreement from participants.

Focus groups with young people were held between March and May 2008. They were facilitated by members of the public health team at West Sussex PCT. Staff from other agencies providing advocacy and positive participation of young people in service development were asked to assist with the facilitation of focus groups as necessary. This method was used to explore the expressed needs of children and young people.

Analysis of the information collected was undertaken by three members of the team carrying out the needs assessment. They independently analysed the data to identify initial themes arising from interviews with professionals. Analysis of structured interview responses and focus group transcripts was completed using computer assisted qualitative data analysis software. Coding of categories and themes was undertaken progressively as more data were collected. The themes identified by each team member matched one another to a high degree, and through discussion these themes were then consolidated to form a set of key emerging themes. The key themes were subsequently validated through consultation with the working group and key informants. A set of themes from focus groups with young people was also created following a similar process.

## Findings

A total of 78 professionals were formally consulted during the needs assessment. Fifty-two one-to-one interviews took place and five focus groups with professionals. Twenty-one participants were strategic or managerial staff and 57 were frontline staff. Key informants were from the following sectors:

Social care	21
Health	19
Education	10
Youth service	9
Voluntary sector	6
Community safety	4
Housing	4
Health and social care	2
Independent children's home	2
Health, social care and education	1
<b>TOTAL</b>	<b>78</b>

The following diagram shows, in rank order, the aspects of service delivery in West Sussex that key informants considered to be working well and those considered to need improvement. The suggested solutions to the identified areas needing improvement are presented in the subsequent diagram. The aspects which corresponded to young people's priorities (gleaned from focus groups) are also indicated.

Considered to be WORKING WELL		Considered to NEED IMPROVEMENT
<p><b>Coordinated approaches to preventative work:</b></p> <ul style="list-style-type: none"> <li>• The concept of integrated services (and JAT)</li> <li>• CAF</li> <li>• BHLF</li> <li>• LAA</li> </ul> <p><b>CAMHS:</b></p> <ul style="list-style-type: none"> <li>• 'Good' when the service can be accessed</li> <li>• CAMHS LAAC team</li> </ul> <p><b>Education:</b></p> <ul style="list-style-type: none"> <li>• Primary education</li> <li>• Involved in planning and delivery</li> <li>• Pastoral support and counselling in schools</li> <li>• Educational programmes and work-related learning available for 14-19 year olds</li> </ul> <p><b>Connexions and Information Shops</b></p> <p><b>LAC nurses</b></p> <p><b>Youth offending service</b></p> <p><b>Support for looked after learners team</b></p> <p><b>Voluntary youth provision</b></p> <p><b>Children and family centres and early years provision</b></p> <p><b>Partnerships and social care:</b></p> <ul style="list-style-type: none"> <li>• Independent reviewing service</li> <li>• 'Team around the child' meetings</li> <li>• Case conferencing</li> </ul> <p><b>Housing support:</b></p> <ul style="list-style-type: none"> <li>• The Foyer</li> <li>• Services for the homeless</li> </ul> <p><b>Substance misuse services</b></p> <p><b>Health visiting service</b></p> <p><b>Other aspects that were considered to be working well:</b></p> <ul style="list-style-type: none"> <li>• Pupil Referral Units</li> <li>• Family link workers</li> <li>• Police support and PCSOs</li> <li>• Support for children affected by domestic violence</li> <li>• The Children's Fund and associated interventions</li> <li>• A private fostering agency</li> <li>• Support packages provided for children in refuges/women's aid in West Sussex</li> <li>• A residential home's identification of children's needs</li> <li>• A community paediatrician's work in special schools</li> <li>• The fostering service and the family placement team</li> <li>• Progress made on data on children in care</li> <li>• The 'In control' budget</li> <li>• West Sussex Care Training Consortium</li> </ul>	<p><b>MOST RESPONSES</b></p>  <p><b>LEAST RESPONSES</b></p>	<p><b>CAMHS:</b></p> <ul style="list-style-type: none"> <li>• Access</li> <li>• Resources</li> <li>• Number of clinicians</li> <li>• CAMHS commissioning</li> </ul> <p><b>Communication, information sharing and partnerships:</b></p> <ul style="list-style-type: none"> <li>• Understanding of roles</li> <li>• Coordination between health and social care</li> <li>• Identifying vulnerable children</li> </ul> <p><b>Education:</b></p> <ul style="list-style-type: none"> <li>• 'Unnecessary' school exclusions</li> <li>• Access to schools for other professionals</li> <li>• Schools getting involvement from local authority services in cases other than the 'most serious'</li> <li>• Access to mainstream schools for 'difficult' children.</li> <li>• Timely school placements for LAC</li> <li>• Funding allocation for schools with a higher proportion of vulnerable children</li> <li>• Access to support for learning difficulties</li> </ul> <p><b>Children and young people's social services:</b></p> <ul style="list-style-type: none"> <li>• Leaving care team</li> <li>• Transition from CYPs to Adult's services</li> <li>• Support for social workers</li> <li>• Perceived fear of intervention by social services</li> <li>• Too many short term placements for LAC</li> <li>• High threshold of assessment of children at risk</li> </ul> <p><b>Health:</b></p> <ul style="list-style-type: none"> <li>• Staff morale due to reorganisation</li> <li>• Health links with schools</li> <li>• Health visitors 'doing less frontline work and more management'</li> <li>• GP access for LAC</li> </ul> <p><b>Access to services for families and young people</b></p> <p><b>Capacity for early intervention in all agencies</b></p> <p><b>Common policies, processes and performance management</b></p> <p><b>Families taking more responsibility</b></p> <p><b>Support for children with learning disabilities</b></p> <p><b>Access to housing and accommodation</b></p> <p><b>CAFCASS and the youth courts</b></p> <p><b>Other aspects considered to need improving:</b></p> <ul style="list-style-type: none"> <li>• Youth service</li> <li>• Funding</li> <li>• Youth offending service</li> <li>• Access to services around alcohol, substance misuse and sexual health</li> <li>• Training</li> </ul>

	Considered to NEED IMPROVEMENT	Suggested SOLUTIONS
<p style="text-align: center;">MOST RESPONSES</p>  <p style="text-align: center;">LEAST RESPONSES</p>	<p><b>CAMHS:</b></p> <ul style="list-style-type: none"> <li>• Access</li> <li>• Resources</li> <li>• Number of clinicians</li> <li>• CAMHS commissioning</li> </ul>	<ol style="list-style-type: none"> <li>1. Additional strategic investment in CAMHS</li> <li>2. CAMHS reporting to just one commissioning board</li> <li>3. Increase the number of CAMHS clinicians to nationally recommended levels</li> <li>4. Prioritise those most in need</li> <li>5. Design services to suit young people and reduce stigma around mental health</li> <li>6. Increase prevention work and earlier identification of mental health problems (<i>also Young People priority</i>)</li> </ol>
	<p><b>Communication, information sharing and partnerships:</b></p> <ul style="list-style-type: none"> <li>• Understanding of roles</li> <li>• Coordination between health and social care</li> <li>• Identifying vulnerable children</li> </ul>	<ol style="list-style-type: none"> <li>7. Better communication about integrated services</li> <li>8. Increase the profile of services e.g. Information Shops</li> <li>9. Eradicate culture of defensiveness</li> <li>10. Develop joint health and local authority child and LAC data systems</li> </ol>
	<p><b>Education:</b></p> <ul style="list-style-type: none"> <li>• 'Unnecessary' school exclusions</li> <li>• Access to schools for other professionals</li> <li>• Schools getting involvement from local authority services in cases other than the 'most serious'</li> <li>• Access to mainstream schools for 'difficult' children.</li> <li>• Timely school placements for LAC</li> <li>• Funding allocation for schools with a higher proportion of vulnerable children</li> <li>• Access to support for learning difficulties</li> </ul>	<ol style="list-style-type: none"> <li>11. Local authority to emphasise schools' responsibilities with 'difficult children'</li> <li>12. Strengthen the role of the designated LAC teacher</li> <li>13. Provide joint training on attachment disorders to teachers and social care staff</li> <li>14. Improve relations between local authority education departments</li> <li>15. Provide alternative educational opportunities or work-related learning for disaffected young people (<i>also YP priority</i>)</li> <li>16. Re-visit schools' funding formula to take greater account of deprivation</li> </ol>
	<p><b>Children and young people's social services:</b></p> <ul style="list-style-type: none"> <li>• Leaving care team</li> <li>• Transition from CYPs to Adult's services</li> <li>• Support for social workers</li> <li>• Perceived fear of intervention by social services</li> <li>• Too many short term placements for LAC</li> <li>• High threshold of assessment of children at risk</li> </ul>	<ol style="list-style-type: none"> <li>17. Greater clarity of social service staff roles and responsibilities</li> <li>18. Greater availability of social workers</li> <li>19. Promote the positive support social services can provide to families</li> <li>20. Recruit more foster carers for permanent LAC placements</li> <li>21. Increase capacity so that safeguarding children assessment teams assess not only the most high risk children. Ensure seamless integration of services.</li> <li>22. Improve independence schemes for care leavers (<i>also YP priority</i>)</li> </ol>
	<p><b>Health:</b></p> <ul style="list-style-type: none"> <li>• Staff morale due to reorganisation</li> <li>• Health links with schools</li> <li>• Health visitors 'doing less frontline work and more management'</li> <li>• GP access for LAC</li> </ul>	<ol style="list-style-type: none"> <li>23. More imaginative health promotion outreach with schools</li> <li>24. Clarification on the role of health visitors and school nurses</li> <li>25. Ensure linked health visitors are in place where necessary</li> <li>26. Ensure access to primary care by designating a number of 'LAC friendly' general practices</li> </ol>
	<p><b>Access to services for families and young people</b></p>	<ol style="list-style-type: none"> <li>27. Provide low level continuous support to avoid crisis</li> <li>28. A more accessible 'front door' and services available at point of 'diagnosis'</li> <li>29. Reduce stigma surrounding attendance of parenting programmes</li> </ol>
	<p><b>Capacity for early intervention in all agencies</b></p>	<ol style="list-style-type: none"> <li>30. Take a long term view and acknowledge when crisis intervention compromises prevention</li> </ol>
	<p><b>Common policies, processes and performance management</b></p>	<ol style="list-style-type: none"> <li>31. Clearer communication of countywide policies in CYPs</li> <li>32. Social worker benchmarking to ensure common thresholds in different localities</li> <li>33. Evaluation, service level agreements and creative commissioning</li> </ol>
	<p><b>Families taking more responsibility</b></p>	<ol style="list-style-type: none"> <li>34. Provide parenting education and support</li> <li>35. Making clear to families that sometimes it is best to accept that there may be a problem</li> </ol>
	<p><b>Support for children with learning disabilities</b></p>	<ol style="list-style-type: none"> <li>36. Ensure there is an adequate care pathway (CAMHS)</li> </ol>
	<p><b>Access to housing and accommodation</b></p>	<ol style="list-style-type: none"> <li>37. Widen the referral criteria for the Foyer</li> <li>38. Ensure sufficient resources to support families on the verge of crisis</li> <li>39. Improve the quality of bail addresses for offending LAC leaving custody</li> </ol>
	<p><b>CAFCASS and the youth courts</b></p>	<ol style="list-style-type: none"> <li>40. Provide training to enhance participatory practice</li> <li>41. Hearings held in public and senior CYPs officers present</li> </ol>
	<p><b>Other aspects considered to need improving:</b></p> <ul style="list-style-type: none"> <li>• Youth service</li> </ul>	<ol style="list-style-type: none"> <li>42. Provision of more activities during school holidays and greater response to need. Involving young people more in development of activities (<i>also YP priority</i>)</li> </ol>
	<ul style="list-style-type: none"> <li>• Funding</li> </ul>	<ol style="list-style-type: none"> <li>43. Increase long term funding</li> </ol>
	<ul style="list-style-type: none"> <li>• Youth offending service</li> </ul>	<ol style="list-style-type: none"> <li>44. Increase prevention work and reduce bureaucracy</li> </ol>
	<ul style="list-style-type: none"> <li>• Access to services around alcohol, substance misuse and sexual health</li> </ul>	<ol style="list-style-type: none"> <li>45. Youth work and outreach tailored to the YP's needs</li> </ol>
<ul style="list-style-type: none"> <li>• Training</li> </ul>	<ol style="list-style-type: none"> <li>46. Social services adopt substance misuse screening tool</li> </ol>	
	<ol style="list-style-type: none"> <li>47. Encourage professionals to attend training</li> <li>48. Improve education programmes, supervision and support for foster carers</li> </ol>	

## Summary of themes from interviews with key informants (KI) / professionals

### KI THEME 1: PARTNERSHIP WORKING, INFORMATION SHARING AND COMMUNICATION

#### KI 1a: Organisational change

- There was a feeling that organisational restructuring in both health and social services has affected staff morale and some areas of service provision.
- A transient workforce can impact on service delivery.
- Some organisational structures seem too complicated for managers and commissioners to navigate effectively in order to achieve their goals.

#### KI 1b: Integrated services

- The Integrated Service Delivery Area (ISDA) model was generally seen to be a positive concept, although the rate of change was considered steep.
- There was a great expectation for integrated services to provide benefits, especially around communication and information sharing.
- Better understanding of integration of services was said to be needed, and a realistic expectation at each stage of development.
- Pressures to achieve adequate child protection may hamper preventive efforts.

#### KI 1c: Restrictive policies and practices

- Tensions between and within organisations can be a barrier to effective working.
- The distinction between West Sussex looked after children and 'out of county' LAC can sometimes be unhelpful.
- Excessive bureaucracy can be a barrier to effective early intervention in the under fives.

#### KI 1d: The voluntary and independent sectors

- There is potential for far greater involvement and engagement of the voluntary sector in service provision.
- The skills of voluntary sector workers need to be better valued, and can be further developed through additional training.
- Appropriate audit will increase confidence in the voluntary sector.

### KI THEME 2: ACCESS TO SPECIALIST SUPPORT

#### KI 2a: CAMHS

- The Child and Adolescent Mental Health Service (CAMHS) is a key issue for most respondents. The service provided is highly valued, although there is a feeling that lack of resources and waiting times are a significant problem. Some respondents said that those with lower level mental health problems are not able to access services.

#### KI 2b: Education and behavioural support

- Respondents said that behavioural issues in schools should be dealt with mindful of the fact that looked after children may need additional social and emotional support due to unresolved issues around neglect and attachment.
- Support available in and to schools needs to be developed so that there are clearly designated LAC teachers who can refer to specialist services successfully.

### **KI 2c: Asylum seeking young people**

- Asylum seeking young people are a group who require intensive support and where access to primary health care services can be challenging.

### **KI 2d: Children and young people with disabilities and special needs**

- Some respondents pointed to a lack of local resources and provision to meet the health and educational needs of disabled young people, especially for young people with autistic spectrum disorder.
- More respite for carers, shared care and short breaks would prevent the breakdown of placements for young people with disabilities who are in care.

### **KI 2e: Youth offending and community safety**

- The youth offending service were generally believed to have good resources, access to counselling and workers who often form positive relationships with young offenders.
- There can be a sense of stigma attached to attendance of youth offending service parenting classes.
- The youth courts and CAFCASS (Child and Family Court Advisory Service) were considered to need to improve communication and engagement with young people and families.
- Minor offences or disruptive behaviour by LAC, which would not normally be taken further when carried out by young people not in care, are sometimes unnecessarily brought to the attention of the police.
- Additional appropriate accommodation for LAC leaving custody is required.

### **KI 2f: Social services**

- Respondents said that social workers seemed overstretched and under-resourced. This means that immediate child protection issues and crisis intervention receive far greater emphasis than prevention and early intervention with the less acutely at risk families.
- There are some difficulties with recruitment and retention of social workers.
- The image of social services, which is a problem nationwide, needs to change so that the public understands the positive work undertaken to support vulnerable families.

## **KI THEME 3: PREVENTION AND EARLY INTERVENTION**

### **KI 3a: Family breakdown**

- Respondents highlighted the influence of parental separation and parent-child separation and their damaging effects.
- Keeping the family together is not always best solution.
- Family link workers can make support available that can prevent family breakdown

### **KI 3b: Neglect (and abuse)**

- Neglect is the major cause of children and young people in West Sussex becoming looked after.
- Health visitors are a key resource for identifying and supporting vulnerable families.
- A sufficient skills base is needed to identify neglect (and abuse). A focus on preventative work delivered by 'non-professionals' could mean that young people with considerable problems fall through the gaps.
- A wide range of professionals need to consider early intervention as a part of their role

### **KI 3c: Alcohol and substance misuse**

- Alcohol and substance misuse are seen to be growing problems among young people; especially looked after young people.
- Information shops and youth workers have constructive relationships with drug and alcohol support agencies.

### **KI 3d Emotional and psychological wellbeing**

- Although preventative work around emotional and psychological wellbeing of young people is an area that has not received sufficient attention in the past, improvements are now in development.
- Action around psychological wellbeing should be delivered in locations that young people find comfortable.

## **KEY THEME 4: INEQUALITY IN SERVICE PROVISION**

- It was reported that thresholds of access to services can vary across the county. This was seen to be related to workloads and areas of social disadvantage creating more work, which then create higher thresholds in disadvantaged communities.
- Access to GP services can sometimes be harder for looked after children.

## **KEY THEME 5: MODELS OF SUPPORT FOR LAC**

- Respondents said that there are too many different professionals involved in the care of looked after children and young people. This reiterates the chaos that looked after children have sometimes experienced in their own lives.

### **KI 5a: Education**

- The support for looked after learners is highly valued and there is potential for the team to be expanded so that a more comprehensive service can be delivered.

### **KI 5b: Connexions and information shops**

- Connexions intensive support workers are seen to provide young people with access to a valuable and distinctive kind of support because young people can choose whether or not to meet with them.

### **KI 5c: Looked after children specialist nurses and healthcare**

- LAC nurses who carry out health reviews for looked after children are seen as providing a valuable service and can be a consistent figure in young people's lives. The service is being expanded to cover all areas of West Sussex.
- Community paediatric services also play a vital role in appropriately assessing the health of looked after children.

### **KI 5d: Foster carers**

- Training and regular support for foster carers is essential, and sometimes lacking. Additional support including a guaranteed response to urgent issues 'out of hours' would be beneficial.
- More recruitment of foster carers for long-term permanent placements is needed
- Foster carers would like to be recognised and valued as professionals.

### **KI 5e: Leaving care and housing**

- Leaving care is a time of significant risk for young people. Some respondents said that young people need to be given more chances to make mistakes without having support taken away.
- Appropriate housing for young people leaving care is essential.

- More work needs to be done to ensure that potential work or training opportunities are found for young people leaving care.

### **KI THEME 6: PARENTING SUPPORT**

- Most respondents said that appropriate parenting support could be a key way of helping break the cycle of deprivation.
- It was suggested that parenting support programmes should be developed and marketed to parents in a way that de-stigmatises attendance.
- Appropriate training for foster carers is essential, as is the need for them to be considered as professionals.

### **KI THEME 7: PERCEPTIONS OF YOUNG PEOPLE IN CARE**

- Respondents stated that young people are affected by stigma around receiving support, such as mental health services.
- Behavioural support needs to be provided rather than thinking of damaged young people as 'naughty'.
- Community involvement and provision of more activities for young people will help prevent problems in local neighbourhoods.
- Representation in the media and the growing perception of young people as 'bad' is seen as a barrier to community involvement and acceptance of vulnerable and looked after children who may be seen to be causing 'trouble'.

## **Focus groups with children and young people**

A total of four focus groups were also held with young people. The following themes have been developed following analysis of data from focus groups held with the following ten young people. The themes are not representative of the situation for vulnerable and LAC in West Sussex, but offer a descriptive account of some of these particular young people's opinions, attitudes and experiences.

Focus groups were held with:

- Care leavers engaged with the West Sussex PAR Project (2 participants)
- Students at a Pupil Referral Unit (PRU) (3 participants)
- A resident of a local authority children's home (1 participant – an informal discussion)
- Students at a local school (4 participants)

## **Summary of themes from focus groups with children and young people (YP)**

### **YP THEME 1: Family makes a happy childhood**

- A good family means people who care
- If you are in care a stable placement is important
- Young people need consistent adult role models
- Young people want – and need – boundaries to guide them
- Having brothers and sisters (and pets) helps
- Going on holiday is fun

### **YP THEME 2: Activities available to young people**

- There was a perceived lack of desirable activities in which to take part
- Adults are not always aware of what young people want
- Young people want to be able to do the things that young adults do: smoke, drink, go to pubs, go to night clubs
- Young people who had been in care had taken part in some positive structured activities

### **YP THEME 3: The importance of education**

- Education was seen as important in providing opportunities for the future
- School was sometimes thought of as 'boring'
- Those at the pupil referral unit appreciated alternatives to mainstream education

### **YP THEME 4: Aspirations, money and jobs**

- Young people would like independence, but with support
- Financial awareness – what money will get you – seemed high
- There was confidence in being able to find employment

### **YP THEME 5: Health**

- There was general awareness of some 'healthy living' messages
- People can make their own choices about health behaviours, take risks and learn by their mistakes
- LAC could feel singled out by the requirement for them to be offered annual health reviews

#### **YP 5a: Smoking and alcohol**

- Smoking is considered to be a habit that can be stopped later in life
- Cigarettes and alcohol are freely available to some young people (through purchase or other means)
- Responsible drinking versus drinking as fun or escapism

#### **YP 5b: Mental health**

- Mental health problems are not always being picked up and dealt with by professionals
- Drug use and individual characteristics can affect someone's mental health

### **YP THEME 6: Safety and risk**

- Boundaries that protect from unknown harm are needed and wanted
- Entering care can lead to a drastic change in behaviour (e.g. youth offending)

#### **YP6a: Bullying**

- Bullying incidences can sometimes go unnoticed

### **YP THEME 7: Leaving care and housing**

- Instability of looked after children's placements can have a negative influence on behaviour
- Young people expressed the need for additional support around practical life skills

## Discussion

In undertaking this needs assessment there has been the ambitious aim of reviewing the issues facing both the population of looked after children and of vulnerable children and young people in West Sussex (some of whom could conceivably be at risk of becoming looked after). The breadth of topics revealed in the findings highlights the extremely complex nature of interrelated provision in health, education and social care services, striving to fully meet the needs of all children and young people. The findings indicate that much positive work is taking place but that organisational change, barriers in communication and financial constraints within local public services clearly impact on the realistic ability to meet all needs.

### **For vulnerable children and young people the following priorities have emerged:**

Lack of access to **psychological support** was considered to be one of the most significant barriers in meeting the needs of vulnerable children and young people (and LAC) in West Sussex. A review of the CAMHS care pathways, context of the service and the role of primary mental health care work are an essential next step to delivering a young people friendly service. A local needs assessment of CAMHS is currently being undertaken. The importance of improving young people's mental and emotional health is undeniable also because poor mental health can be a precursor to wider social exclusion. A CAMHS review and a detailed needs assessment of the psychological needs of children and young people in West Sussex will help find solutions to the apparent shortcomings of preventive and treatment services. The historical problem of waiting times and access to services may already be improving, but was not necessarily reflected in the views of respondents. Flexibility, joint commissioning and a holistic and participative approach to CAMHS must be a feature of any future developments. In particular, the need for improved support services for young people with emotional and behavioural needs must be appropriately addressed.

It is also especially important to maintain dedicated gateways to mental health services, or provision dedicated to looked after children such as the CAMHS LAAC team, to ensure fast and effective access to the help is available. Extending this service to all LAC (not just those looked after by West Sussex local authority) may not be an option within current resources, but would provide a more equitable service to a group with high needs.

The extent of the specific needs of children and young people with **disabilities and learning difficulties**, and the demand for related services, has not been captured entirely in this needs assessment. However, the impression gained is that provision of shared care and short breaks, plus greater availability of local resources to meet the health and educational needs, would be beneficial

**Parenting support** is vital in helping to create environments where children can thrive. There is evidence to show that pro-social parenting programmes are effective in helping parents cope. However, parenting support as a preventive measure needs to be implemented as part of a wider and comprehensive programme to tackle deprivation and child poverty. A successful family support and parenting strategy could help prevent some vulnerabilities and ensure that, when possible, more children and young people can remain with their families. As an additional measure parenting could also be better integrated in school curricula so that appropriate life skills are provided at an earlier stage. This also reflects the message from young people that mainstream education does not necessarily offer skills they require and desire.

**Improved communication and information sharing** were highlighted as necessary to improve the capacity of professionals working in preventive services. The delivery of co-ordinated health and social care services (to low income mothers from early pregnancy) can lead to greater resilience in children and young people. Communication within and between organisations, plus the development of more transparent referral mechanisms would mean that when a need is identified it is more likely that a service to meet the need can be found. The challenge is to boost capacity in social care and health visiting services in areas of need to maintain thresholds in access to services that are equitable. It is not sufficient or acceptable to concentrate solely on the essential child protection work need to prevent the most serious harm. The importance of integrated services in providing appropriate support through children and family centres could therefore be a key mechanism in ensuring progressive universalism is fully embraced in West Sussex. Systems of integrated working must be implemented successfully (e.g. the Common Assessment Framework). Improved methods of data collection and information sharing that are comprehensive, yet not burdensome, should be explored. The lead on children and family centres

taken by social care services (reported to have an authoritative public image) must not mean that the families who would benefit most are reluctant to access services. Outreach services may need to be considered. Directing efforts towards a health-led parenting support model could prove advantageous in delivering non-threatening support. Involving young people in integrated health and social service delivery, as well as their families, peers, and the wider community, could also be a way of increasing resilience in young people and forming a better understanding of the positive support available from social services among the general population.

#### **For looked after children the following priorities have emerged:**

The high proportion of placements in foster care inside the local authority is promising because, if they are long-term placements, they can provide one of the best environments for a looked after child. However, a limit and reduction in the breakdown of placements is a key area for attention – this has been reflected by the creation of a permanence service. Recruitment of foster carers for **permanent LAC placement** will ensure that more stable placements for LAC are found. Support for new and long term foster carers will be a significant aspect of success. Contact with members of the birth family was found to be important to children and young people and could be facilitated by family aids wherever appropriate. For looked after children in less stable placements independent visitors could also be extremely beneficial. Boosting the number of independent visitors and befriending schemes could provide young people with a positive and consistent adult role model if they are able to form a long term bond.

Attendance of LAC for **health assessments** and dental checks will mostly be dependent on the ability of health professionals to coordinate their care, which is dependent on having the relevant information to identify LAC and access to appropriate medical practitioners. Regular health assessments and dental checks will also have an association with good parenting, even though older looked after children may refuse medical examinations and treatments. Work needs to go towards raising the percentage of LAC who have had their annual health assessment, as this is currently below the national average. This could be achieved through additional support for carers in navigating the system, the already planned expansion of the LAC nurse team, and negotiation for enhanced support from other primary care practitioners (e.g. general practitioners and community paediatricians). Ensuring that all LAC

are able to be registered as permanent patients in general practice would ensure easier access and solutions to general health concerns. Designating 'LAC friendly practices' may be a mechanism to help foster carers and other professionals to find appropriate health care provision for LAC under their care. In future the national ContactPoint database of all children in the County will hopefully serve as a mechanism for improved information sharing and greater communication between the practitioners working with all children.

The poor **educational outcomes** and aspirations of LAC were highlighted by many informants, which are also evident in the far poorer educational attainment of LAC when compared with other young people in the County. However, it is encouraging that the percentage of LAC who sat GCSEs has increased in recent years. In strengthening the role of the designated LAC teacher more high quality Personal Education Plans (PEPs) can be completed and, given the higher than national average percentage of children with SEN, that appropriate social, emotional and behavioural support can be provided. The looked after learners team was widely praised for its work in supporting schools, teachers and pupils. The team would be well placed to help drive forward a stronger role for the LAC designated teacher in schools of concern. Teachers who take on the role must be able to make an impact within the school, negotiate with professionals from numerous agencies, and have enough time allocated to act as an effective LAC designated teacher. A programme of training delivered jointly to teachers and other professionals on issues that affect vulnerable and looked after children, such as attachment problems, could help avoid the disruptiveness of some young people being misunderstood or badly managed.

#### **The main issues raised by young people were:**

- The provision of activities that are appealing to older young people
- Alternatives to mainstream education that can help in refocus on learning (academic or vocational) and career development
- The need for friendlier access to psychological support and de-stigmatisation of mental health issues
- The desire for independence, but with support
- Better practical life skills training for LAC leaving care.

## Recommendations

Possible priorities for amenable change have been selected through analysis of the themes and ranked priorities of key informants and young people, the evidence review, and also by taking into account feedback from key informants and the needs assessment working group.

The five key recommendations are:

1. Effective investment in psychological support services, including the review of care pathways and the context of services (especially CAMHS) in relation to prevention and treatment
2. Improve LAC data quality:
  - Improve collection of local authority data to enable accurate analysis of the population
  - Improve health data by maintaining relevant electronic LAC health records
  - Work towards better integration of local authority and health LAC data
3. Successful development of integrated services, and especially Children and Family Centres, to ensure effective communication and joint working between professionals
4. Development of parenting support provision through effective implementation of the West Sussex parenting strategy, including:
  - Delivery of evidence based parenting programmes
  - Work towards future health-led parenting support provision
5. Strengthen the role of the designated LAC teacher to ensure that:
  - High quality Personal Education Plans (PEPs) are completed
  - Appropriate social, emotional and behavioural support is provided.

# 1.0 Introduction

In recent times West Sussex has been awarded for its groundbreaking work to improve services for children and young people. It was one of the first areas in the country to establish a Children's Trust, and has been awarded Beacon Council status for its Integrated Children's Services and for Positive Youth Engagement. However, the national picture indicates that outcomes for vulnerable children and young people, including those in care or at risk of entering into care, have not yet improved sufficiently to close the gap between outcomes of vulnerable children and all children. A detailed needs assessment is therefore the next step to ensuring mainstream services meet the needs of vulnerable children in West Sussex.

## **Box 1.1 Needs assessment defined**

Source: HDA 2005<sup>1</sup>

Needs assessment is a systematic method for reviewing the issues facing a population, leading to agreed priorities and resource allocation to improve outcomes around various factors including health, wellbeing, education, and social factors. It is a recommended public health tool to provide evidence about a population on which to plan services and address inequalities. It provides an opportunity to engage with specific populations and enable them to contribute to targeted service planning, as well as providing opportunities for cross-sectoral partnership working and development of creative and effective interventions.

A shared priority identified in the West Sussex Children and Young People's Plan 2006-09<sup>2</sup> is to support vulnerable groups and individuals. It states that partners need to work well together to meet the diverse needs of potentially excluded children and young people, for instance those with learning difficulties or disabilities, looked after children, black and minority ethnic groups including travellers, and asylum seeking children, and people needing emotional and mental health support. A suggested focus is also on disenfranchised and isolated young people who are at risk and on the margins of our communities, possibly with a range of different needs.

This needs assessment of vulnerable and looked after children has been carried out in order to investigate how far organisations in West Sussex are meeting guidelines, statutory requirements and recommendations of best practice. It has been led by the West Sussex Public Health Observatory and has involved compiling information already available, carrying out epidemiological analysis, interviewing key informants and talking to vulnerable children and young people, including looked after children and foster parents or carers. The focus is on specific services provided to vulnerable children, improvement of mainstream services to further meet the needs of vulnerable children, and preventive measures to ensure better outcomes for vulnerable children. Recommendations are based on the information collected and on evidence-based initiatives that can improve outcomes for vulnerable children and young people.

## **1.1 Inequalities in West Sussex**

At present ongoing initiatives, including the establishment of geographically based projects in Local Neighbourhood Improvement Areas (LNIAs) as part of the West Sussex Local Area Agreement (LAA), are beginning to impact on inequalities experienced by those in the most deprived neighbourhoods. However, with the forthcoming development of the second generation of the LAA, there has also been identified a duty to extend the focus to specific groups who experience inequalities, disadvantage and poorer outcomes. The West Sussex Public Service Board (PSB) were asked to prioritise and provide comments on vulnerable groups in West Sussex and considered vulnerable children, including looked after children, were among the key disadvantaged groups that would merit first attention.

This needs assessment also forms part of the process towards the Joint Strategic Needs Assessment that PCTs and local authorities are required to carry out, as outlined in the consultation document *Commissioning Framework for Health and Well Being*.<sup>3</sup> It will ensure that the strategic inequalities agenda in West Sussex will include both those living in LNIAs and promotion of social inclusion in all areas of the county for specific disadvantaged groups such as vulnerable children. The decision to focus on this issue indicates that policy makers in West Sussex believe that there is scope to improve services for vulnerable children and young people, integrate preventive measures into mainstream services and raise awareness in all commissioning and provider organisations.

## 2.0 Defining levels of need in children and young people

The *National Service Framework for Children and Young People*<sup>4</sup> recognises that there are a number of groups of children and young people who require a high level of co-operation between staff in different agencies but who may be 'invisible' to the system, or their needs not fully recognised by staff working in statutory agencies. These children are considered to be children in **special circumstances** and include:

- Looked after children and care leavers
- Children whose families have experienced homelessness and who are living in temporary accommodation, and children who have run away from home or care
- Children exposed to domestic violence family conflict and/or family breakdown
- Children who suffer from sexual exploitation
- Children of parents with specific health needs, for example, those with mental health problems
- Children of problem drinkers or substance misusers
- Children who have been excluded from school, are truanting, or are otherwise missing school
- Young people over 16 who are not in education, employment or training
- Teenage parents and their children
- Children from some ethnic minorities and refugee or asylum-seeking children.

The term "**looked after**" was introduced by the Children Act 1989 to cover all children in public care, including those in foster or residential homes and those still with their own parents but subject to care orders.\* Looked after children are one of the most socially excluded groups, with considerably poorer outcomes when compared with all children.

### Box 2.1 Looked after children in England

Source: DCSF 2007

There are around 60,000 looked after children in England at any one point in time, although nearly 85,000 will have encounter the care system each year. The intention of the care system is to support rehabilitation back into families wherever possible, and in fact 42 per cent of children in care do return within six months. The majority of children who remain in care are there because they have suffered abuse or neglect. Looked after children are five time less likely to achieve five good GCSEs, nine times more likely to be excluded from school, and six times less likely to enter higher education, than their peers. Care leavers are over represented in some of the most vulnerable adult groups including young parents, prisoners, and the homeless. One quarter of people in prison today have spent some time in the care system.<sup>5</sup>

Yet **vulnerable children** who must also be considered in this needs assessment may not actually belong to the groups above and may be "invisible". Many children and young people will experience pressures in their lives – from within their family or from their peers and the wider community. For some children these pressures will increase the possibility of damaging behaviour and negative outcomes.

To support and protect children and young people in West Sussex social services operate using access guidelines based a defined set of needs (Table 2.1).

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\* This includes all children being looked after by a local authority, including those subject to care orders under section 31 of the Children Act 1989, and those looked after on a voluntary basis through an agreement with their parents under section 20 of the Children Act 1989.

**Table 2.1**

**West Sussex social services definitions of need for children and young people**

Source: West Sussex County Council, Access guidelines to children's social services

<b>Universal needs</b>	A child is considered to have 'universal' needs when he or she: <ul style="list-style-type: none"><li>• Has health or educational needs which can be met in the community.</li></ul>
<b>In need</b>	A child is considered to be 'in need' when he or she: <ul style="list-style-type: none"><li>• Needs extra services to help with their development;</li><li>• Is unlikely to reach or maintain a reasonable standard of health and development without services being provided; or</li><li>• Is disabled.</li></ul>
<b>Vulnerable</b>	A child is considered to be 'vulnerable' when he or she: <ul style="list-style-type: none"><li>• Is disadvantaged and would benefit from extra help to improve his or her life chances, for example, where there are emotional or behavioural difficulties or health problems.</li></ul>
<b>At risk</b>	A child is considered to be 'at risk' when he or she: <ul style="list-style-type: none"><li>• Has suffered, or is likely to suffer, significant harm and there is serious concern for their safety; or</li><li>• Has complex or high-level needs that need reviewing urgently with others who could help, for example, the health service.</li></ul>

The population under investigation in this needs assessment includes only young people resident in West Sussex. The inclusion criteria for the needs assessment were set as follows:

- Any child or young person who is looked after (in public care)
- Anyone who has left care in the last 2 years (under 20 years of age)
- Those under 18 years who are considered by health or social services to be 'high risk'

'High risk' has been defined as including children and young people in special circumstances such as: children whose families have experienced homelessness and who are living in temporary accommodation, and children who have run away from home or care; children exposed to domestic violence family conflict and/or family breakdown; children who suffer from sexual exploitation; children of parents with specific health needs, for example, those with mental health problems; children of problem drinkers or substance misusers; children who have been excluded from school, are truanting, or are otherwise missing school; young people over 16 who are not in education, employment or training; teenage parents and their children; and children from some ethnic minorities and refugee or asylum-seeking children.

**The needs assessment therefore deals with all looked after children, plus young people who come under the West Sussex social services definitions of 'in need', 'vulnerable' or 'at risk'.**

### 3.0 Promoting the health and well-being of vulnerable children

Outcomes for children can still largely be determined by levels of deprivation and disadvantage. A recent UNICEF report has presented a stark reminder that compared with other economically advanced countries the UK has some of the worst levels of well-being in young people.<sup>6</sup> In terms of the behavioural risks, self-esteem and quality of family relationships for young people, Britain is ranked lowest out of 21 countries. According to the report it would seem that young people in Britain are disadvantaged in terms of their social and material environment, as well as the other elements that make up well-being. Furthermore, within the UK itself there are inequalities in the health and well-being of young people which deserve particular attention. Health and well-being in its widest sense is far more complicated than simply maintaining good physical health (see Box 3.1)

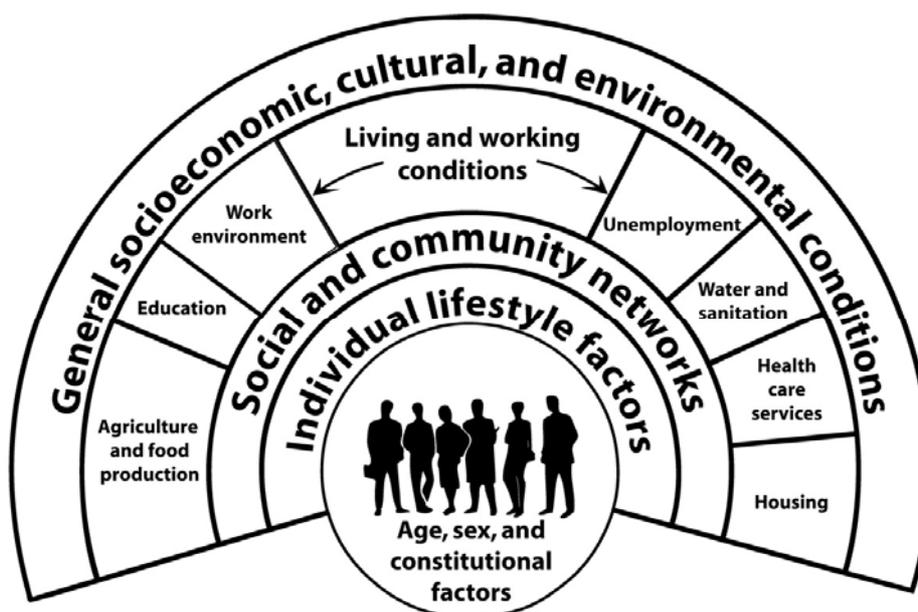
**Box 3.1 World Health Organization Ottawa Charter for health promotion**

*“To reach a state of complete physical mental and social wellbeing, an individual or group must be able to identify and to realise aspirations, to satisfy needs, and to change or cope with the environment.”<sup>7</sup>*

There are a number of factors that influence health and wellbeing, which can be described as the determinants of health. A model for describing how the determinants of health can affect wellbeing is shown in Figure 3.1. It shows the way there are various levels of influences that interact and can affect health in different ways. First of all there is the individual’s genetic make-up, then individual lifestyle factors (such and smoking or taking exercise), social and community networks, institutions and infrastructure, and finally the wider socio-economic and environmental conditions. In order for individuals to reach an ‘optimal’ state of health all of these elements much be working together.

The United Nations Convention on the Rights of the Child (1989) and the Children Act (2004) clearly state the responsibilities of local agencies to promote the health and well-being of children and young people, protect them from harm and neglect, ensure they receive education and training, ensure they are not disadvantaged by poverty and help them to make a positive contribution to society.

**Figure 3.1**  
**The determinants of health**  
 Source: Dahlgren and Whitehead<sup>8</sup>



The major national programme to improve well-being for children and young people from birth to age 19 is *Every Child Matters: Change for Children*.<sup>9</sup> The approach is built around achieving progress under five key themes:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being

Every Child Matters (ECM) suggests that children and young people from all backgrounds and circumstances will be supported by organisations working together in new ways, sharing information and helping them achieve what they want in life. Children's Trusts will be instrumental in taking forward this work and involving and consulting with children and young people about the issues that affect them.

*The Children's Plan: Building brighter futures* published in December 2007, and the subsequent workforce strategy, outlines how the Government will strengthen the children's social care workforce by improving recruitment and retention, introducing changes to social worker training and improving ways of working. The Every Child Matters programme has already facilitated the introduction of cultural and structural changes in the delivery of children's services and the Children's Plan will also encourage further co-location of services in the places people visit frequently.

In addition the plan suggests reaching the most vulnerable families by:

- Increasing parent support by employing parenting advisers and encouraging greater engagement of fathers
- Expanding outreach so that there are a minimum of two outreach workers in children's centres in the most disadvantaged areas
- Reforming the child maintenance system to increase family stability and reduce child poverty
- Increasing short break provision for disabled young people

The new updated Child Health Promotion Programme (CHPP) launched in 2008 builds on the children's National Service Framework and is intended to provide preventative services tailored to the individual needs of children and families. It is a guide for best practice in children's services and aims to:

- Provide greater emphasis on promoting the health and well-being of children in the early stages – pregnancy and the first five years of life
- Support a model of progressive universalism (a core universal programme of services for all children, with additional services for children and families with particular needs and risks)
- Encourage partnership working between different agencies on local service development (e.g. general practice and children's centres)
- Focus services on changing public health priorities - obesity, breast feeding, social and emotional development.<sup>10</sup>

Embedding the principle of '**progressive universalism**' into services will ensure that additional support is provided to those children and families at greatest risk.<sup>†</sup> Providing targeted youth support is another key Government priority (Figure 3.2). Strong links and understanding of the interaction between universal, targeted and specialist services will ensure that children or young people are not lost in the system. Examples

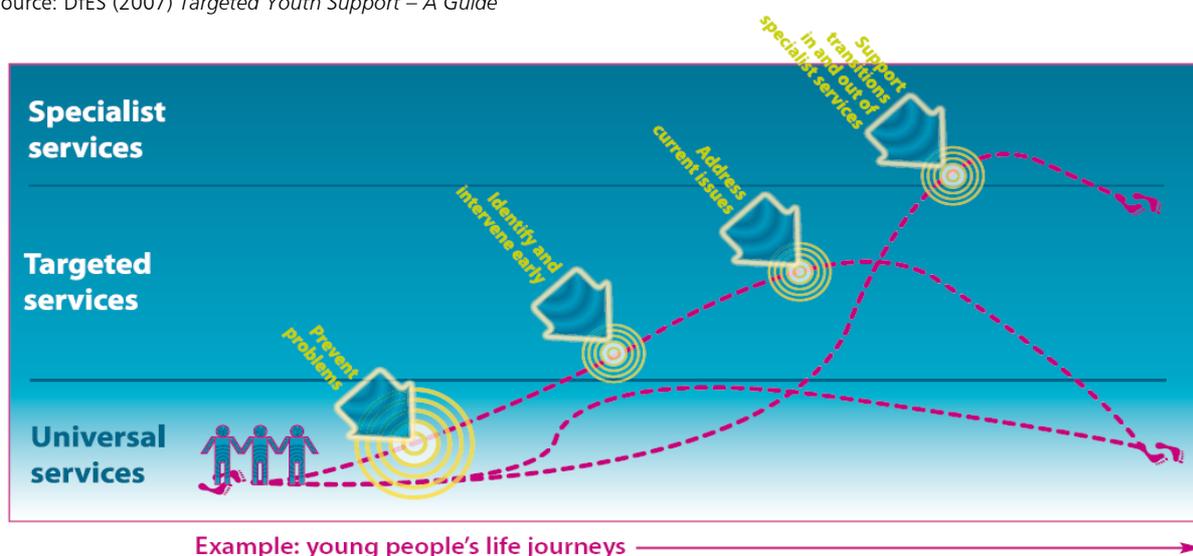
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<sup>†</sup> A health-led parenting support programme for at risk families is currently being piloted nationally by the Department of Health and the Department for Children, Families and Schools. To tackle the problem the initiative adopts a model of early identification and preventive health-led intensive home visiting. A review of the international evidence, in particular the Nurse Family Partnership programme in the USA, has shown that the model works for the most at risk families and that nurse-led intensive home visiting has resulted in improved birth outcomes and reductions in morbidity, mortality, subsequent pregnancies and involvement in the criminal justice system in later life.

of organisations that could be involved include schools (including **Extended Schools**), post-16 education providers, Sure Start Children's Centres, health services (e.g. child and adolescent mental health services, counselling, substance misuse services, or sexual health services), police, youth offending teams, housing services, businesses and voluntary sector organisations.<sup>11</sup> Some of the criteria suggested for success in promoting better outcomes for vulnerable children include effective partnership working, community engagement, a commitment to progressive universalism, workforce capacity and capability, effective local leadership, IT capacity and taking a long term view.

**Figure 3.2**  
**Targeted youth support**

Source: DfES (2007) *Targeted Youth Support – A Guide*



One example of targeted/specialist youth support is the **'Team Around the Child'** model of service provision in which a range of different practitioners come together to help and support an individual child. Professionals are not necessarily co-located or part of the same organisation, but are from various disciplines and meet on a regular basis in order to identify and support the individual needs of the child, and to provide solutions. Instead of being held back by the difficulties faced by organisations or service providers the approach is intended to highlight the importance of the child's needs.

Naturally the needs of children and young people must also be considered at a population level so that the right services targeted to the right people are delivered in the right places. The Department of Health has developed quality criteria, **"You're Welcome"**, which set out principles that are intended to assist health services (including non-NHS provision) to become more young people friendly.<sup>12</sup> There are ten criteria which cover areas to be considered by commissioners and providers of health services and are taken from examples of effective local practice:

- |   |   |
|---|---|
| 1. Accessibility                                | 7. Monitoring and evaluation, and involvement of young people |
| 2. Publicity                                    | 8. Health issues for adolescents                              |
| 3. Confidentiality and consent                  | 9. Sexual and reproductive health services                    |
| 4. The environment                              | 10. Child and adolescent mental health services (CAMHS).      |
| 5. Staff training, skills, attitudes and values |   |
| 6. Joined-up working                            |   |

A needs analysis exercise carried out in another local authority area (Box 3.2) shows the identified risks and vulnerabilities faced during different stages of childhood and can therefore provide an idea of the needs and provision of services that would be required to deal with problems as they arise or, better still, prevent them occurring through early intervention.

## Box 3.2 Possible risks and vulnerabilities throughout childhood

### Conception to birth

- Congenital conditions
- Unprotected sex / unplanned conception
- Concealed pregnancy
- Unwanted pregnancy
- Very young parents
- Older parents
- Relationship breakdown
- Domestic violence
- Homelessness
- Non attendance at antenatal services
- Birth trauma
- Poor attachment
- Infection at time of birth
- Low birth weight / pre term babies
- Higher infant mortality where vulnerable groups have risk factors
- Parental poverty / financial problems
- Parental use of drugs, alcohol, cigarettes
- Parents not in education, employment or training
- Parents antisocial friendship network
- Parental isolation

### Age 0 – 4 years

- Poor parent / child relationship
- Poor nutrition
- Developmental delay
- Absence of stimulation – poor play & language experience
- Unmet physical needs & poor hygiene
- Physical safety (poor supervision and awareness, lack of home safety equipment)
- Inadequate substitute care arrangements
- Inadequate housing / lack of supported housing
- Increasing sense of self, no longer 'doll like' (inappropriate parental expectation, difficulty in balancing independence and protection)
- Not registered with GP / dentist
- Inability to recognise health needs/missed appointments & inoculations
- Frequent A&E attendance
- Inappropriate anxiety regarding child's health
- Disability
- Increased separation from primary carer
- Isolation
- Parent refuses support
- Family conflict
- Challenging behaviour
- Sudden Infant Death Syndrome
- Significant bereavement
- Parental criminal behaviour / imprisonment
- Variable access to nursery provision and childcare

### Age 5 – 7 years

Many as before plus...

- Starting school full time
- Poor attendance and punctuality
- Being bullied
- Being left alone
- Behavioural problems
- Parents / carers do not value education
- Home not conducive to learning
- Animal cruelty in the home
- Suffering actual harm

- Parent unable to adapt to constant change in child
- Learning disability
- Private fostering

### Age 8 – 10 years

Many as before plus...

- Isolated from peers
- Informal school exclusion
- Bullying others
- Parents reluctant to acknowledge if child has special educational needs
- Child and parent lack knowledge to do/support homework
- Parents condone unauthorised absence
- Multiple recent moves
- Lack of extended family support
- Anti-social behaviour
- Petty crime

### Age 11– 13 years

Many as before plus...

- Transition to secondary school
- Peer pressure
- Low self esteem
- Early sexual activity
- Truancy with peers
- Exposure to drugs and alcohol
- Extreme changes in behaviour
- Mental health problems
- Violence towards parents
- Parent / carer disability
- Illegal employment working long hours
- Under achievement
- Breaking into empty premises / stealing from cars
- Self harming
- Running away

### Age 14– 16 years

Many as before plus...

- Weight loss
- Excessive weight gain
- Fatigue
- Substance misuse
- Parental substance misuse
- Poor or no role models
- Not in mainstream school
- Refusing to return home
- Anti-social friendship network
- Car theft / house burglary and robberies

### Post 16 years

Many as before plus...

- Racial / cultural / gender / disability discrimination
- Leaving school with no support or plans
- Difficulties accessing benefits
- Homelessness
- Repeating cycle of domestic violence
- Teenage pregnancy
- Persistent offending averaging 135 serious offences per offender each year

The requirement for upper tier local authorities and PCTs to carry out a **Joint Strategic Needs Assessment** is intended to further strengthen the ability to identify the needs of vulnerable groups, including looked after children. It will draw on available local data and support the development of the West Sussex Sustainable Community Strategy and future Local Area Agreement targets. Furthermore it will provide the basis for selection of future priorities and underpin the delivery of improved commissioning for health and wellbeing.

As mentioned above, there are numerous factors and determinants that will affect the health and well-being of children and young people; including economic conditions, housing, education, youth support, positive activities, family, and community networks.

A 'directory' of types of provision that make up children's services in various organisations across all sectors is provided in Appendix A. The directory is intended as a useful reference point and provides definitions for services mentioned throughout this report.

## 4.0 Promoting health and well-being of looked after children

Children and young people who are looked after are amongst the most socially excluded groups in the country and experience significant health inequalities. On leaving care young people experience poor health, educational and social outcomes compared with other young people. For example children and young people who are looked after are recognised as being vulnerable to risk taking behaviour, including unsafe sex, self-harming, misusing illegal and/or volatile substances and alcohol. These early risk-taking behaviours are indicators of poor mental and emotional health and may be the forerunner of wider social exclusion such as homelessness and unemployment. Evidence suggests that children in care are four times more likely than their peers to smoke, use alcohol and misuse drugs.<sup>13</sup> Furthermore looked after children and young people who have experienced parental drug and alcohol misuse may view excessive drugs and/or alcohol use as 'normal'.<sup>14,15</sup>

The *Care Matters: Time for Change* white paper (2007) set out a range of measures and recommendations to improve the prospects and quality of life for looked after children. It has four central principles:

5. Uncompromisingly high ambitions for children in care
6. Good parenting from everyone in the system
7. Stability in every aspect of the child's experience
8. Centrality of the voice of the child.<sup>16</sup>

*Care Matter* builds on the former *Quality Protects* programme which was a key part of the Government's wider strategy for tackling social exclusion and similarly focused on working with some of the most disadvantaged and vulnerable children. Specific actions and recommendations that are expected to take place as a result of *Care Matters* and the new Children and Young Persons Bill include:

- Improving the role of the corporate parent and expecting every local authority to put in place arrangements for a 'Children in Care Council'
- Developing family and parenting support and asking all local authorities to analyse the profile of their children in care population to ensure that appropriate services for children in care and those vulnerable children living with their families are available
- Ensuring a better experience for everyone in care placements and exploring, through pilots, the effectiveness of social pedagogy in residential care.
- Delivering a first class education and an expectation that local authorities will arrange appropriate high quality early years provision for children in care under five
- Promoting health and well-being, including:
  - Sharpening the focus placed on the needs of children in care by local health partners
  - Setting new standards for the support provided to pregnant young women and mothers in care and leaving care
  - Ensuring that the individuals in day to day contact with children and young people in care are better able to provide sex and relationship education
  - Considering introducing a new indicator on the emotional and behavioural difficulties of children in care within the new local authority performance management framework
  - Transforming the availability of positive activities for children and young people in care
  - Introducing an expectation that local authorities will make their own leisure provision free for children and young people in care
  - Ensuring that leisure activities form a key part of care planning

- Ensuring that children and young people in care participate equally in positive activities along with their peers
- Facilitating transition to adulthood
- Developing the role of the practitioner.<sup>17</sup>

Appendix B includes key elements of the 2007 Children and Young Persons Bill that aim to reform and strengthen the statutory framework around the care system.

Furthermore, *Care Matters* suggests that development of the following key areas will be essential to help improve health and well-being among vulnerable and looked after children:

- Promoting positive mental health
- Promoting sexual health
- Play and positive activities
- Transforming leisure time
- Removing cost barriers
- Youth activities
- Volunteering
- Supporting participation.<sup>18</sup>

The 2002 Department of Health guidance *Promoting the Health of Looked After Children*<sup>19</sup> is due to be updated and reissued in 2008; it will then hold statutory status with both the NHS and local authorities. The new guidance will outline further arrangements for health assessments and health plans of looked after children and will build on recommendation for there to be a designated doctor and nurse to provide clinical and strategic oversight on issues affecting looked after children. There will also be consideration of a named health professional who will be able to improve co-ordination of care for looked after children (see Box 4.1).

#### **Box 4.1 Responsibilities of a named health professional**

- Ensuring that the child's health assessments and reviews are undertaken
- Co-ordinating the child's health care plan on actions falling to the NHS to ensure they are undertaken and tracked and any blockages are sorted
- Acting as a contact point for the child, carer and other health practitioners about the child's health needs
- Acting as a key health contact for the child's social worker
- Holding the health chronology for the child
- Interpreting health needs to social services and education
- Ensuring that when a child is moved out of the PCT area, records are swiftly transferred and critical information about the child is made available to health professionals in the child's new area of residence
- Ensuring the particular needs of disabled children, including those with complex healthcare needs, are taken into account
- Acting as a local point of contact for the responsible commissioner for children placed out of the original PCT area.

The **Healthy Care Programme**, originally funded by the Department for Education and Skills, is a practical means of improving the health of looked after children and young people in line with *Promoting the Health of Looked After Children* (2002) and the Change for Children programme.<sup>20</sup> It includes a health promotion training programme designed for foster carers and social workers. Healthy Care briefings have also been published with regards to arts in partnerships to promote health and well-being, healthy eating and physical activity, mental health and emotional well-being, play and creativity, sexual health, secure attachment to promote health and well-being, substance misuse, supporting and training foster carers to promote health and well-being, and supporting young parents who are looked after or leaving care.

A young person's 'checklist for a healthy care environment' can be found in Appendix C.

There is a wealth of legislation, guidance and literature on how to provide looked after children and care leavers with levels of service that promote health and wellbeing. Some new developments include an increasing emphasis on the role of schools, with the expected appointment of a virtual head teacher for LAC who has a responsibility for the education of all children in care within a local authority area. Increased joint working between children's services and housing services is also necessary to ensure that a better pathway planning process is developed for young people leaving care. Through these development it is anticipated that young people's needs can be met fully in terms of education, training and employment, support from family and other relationships, financial needs, and practical and other skills necessary for independent living.<sup>21</sup>

## 5.0 Evidence review

Obtaining reliable evidence of what works to improve outcomes for vulnerable and looked after children is a challenging task, and often best practice examples in the organisation of social care services are the only point of reference. Specific interventions subject to randomised controlled trials (RCTs) are not commonly the preserve of research in social care. It is therefore necessary to use caution when assessing the effectiveness of the available 'real life' studies and best practice recommendations in relation to particular and local settings. The complex nature of outcomes for young people need to be viewed holistically if preventative action is to be effective, but the current evidence goes only so far in providing answers because of the inherent difficulty in carrying out research with vulnerable young people, their parents, families and carers.

The following review is a synthesis of reviews relating to evidence on early intervention; resilience of vulnerable children and young people; the education, health and wellbeing of looked after children; and what works in child placements, foster care, adoption and leaving care.

For further information, *Social Care Online* has a comprehensive and continuously updated resource of research briefings, reports, government documents, journal articles, and websites:

[www.scie-socialcareonline.org.uk](http://www.scie-socialcareonline.org.uk)

### 5.1 Increasing resilience for vulnerable children

Resilience means withstanding the negative effects of risk exposure, demonstrating positive adjustment in the face of adversity or trauma, and beating the odds associated with risks.<sup>22</sup> To increase the resilience of vulnerable children it is important to intervene and help them to deal with the problems they are facing at an appropriate time in their lives. Early intervention may be more effective than later intervention because of key neurological moments in early development and because of impacts on young people's motivation and sense of their own capabilities.<sup>23, 24, 25</sup> There is also a cost benefit of intervention at a certain stage in a young person's life. Symons and Feinstein have developed a model of optimal state-intervention in childhood which simulates the cost and effectiveness of intervention relative to age.<sup>26</sup> They show that early investment can be important because of decline in effectiveness of intervention with increasing age, but that many other variables will have an impact. In their simulations Symons and Feinstein found that an 'activist' policy of intervention is optimal, where:

- About 8% of children are placed on an intervention programme immediately at five years
- Participation in programmes declines steadily to about 1.5% by age 17
- The most common duration of programme is one year, for about 4.5% of the population
- About 1% of the population spend nine or more years on programmes
- Because of misdiagnosis about 11.1% of the population experience no intervention when this would have been cost-effective
- Because of misdiagnosis 4.4% experience later intervention that is not cost-effective.<sup>27</sup>

The instability of risk means that children and young people may need support at different times in their lives, so there is also a place for specific and targeted later intervention. Research shows that resilience and the ability to cope are closely linked with the quality of human relationships, and with the quality of public service responses to people with problems.

### Box 5.1 Key factors that lead to greater resilience in children and young people

- Support for emotional and social development is as important as help with school work for the formation of a fully rounded person able to cope with adversity in later life.
- The earlier intervention occurs, the more opportunity there is to build up positive parent-child as well as home-school relationships.
- Development continues throughout – and support for young people is vital throughout – young people’s school careers as well as in the transition from school to work.
- Interventions do not necessarily show immediate benefits – and longer periods of intervention are more effective than shorter ones. The aim should therefore be to foster sustainable programmes and services.
- Interventions should support community-led activities and integrated health and social service delivery, involving young people, as well as their families, peers, and the wider community.<sup>28</sup>

More specifically, in order to promote resilience in children, Newman suggests that public services should:

- Ensure that well co-ordinated health and social care services are delivered to low income mothers from early pregnancy
- Provide reliable lay or professional support to isolated mothers during the child's infancy
- Encourage the involvement of male partners in child care
- Make available high quality pre-school provision based on sound pedagogic principles
- Seek to identify children's strengths even if they are not directly related to a formal curriculum
- Encourage early mastery of skills and encourage independent thought and action
- Not shelter children excessively from risk
- Encourage problem-solving as well as emotion-coping strategies
- Offer opportunities and support in adolescence for volunteering, part-time work and other situations that enable children to exert agency.<sup>29, 30</sup>

There are also a number of key resilience promoting interventions or practices which will, if successfully implemented, result in a range of benefits for children. These are:

1. Being challenged
2. Contact with stable and reliable adults
3. Networks of people who can provide activities or opportunities
4. Being able to succeed in socially valued tasks
5. Experiences that contradict previous negative events
6. Help to find work or enter further education
7. Learning skills and coping strategies.

Further effective strategies for child care services in promoting resilience at different ages can be found in Appendix D.

The **Family Nurse Partnership** (FNP), a nurse-led intensive home visiting programme during pregnancy and the first two years of a child’s life, is a promising preventive measure originally developed in the United States.<sup>31</sup> It is focused on promoting changes in behaviour to improve pregnancy and child health outcomes, support

better parent-infant attachment, and help women to build supportive relationships, become economically self-sufficient and link into other support services. An ethos of progressive universalism is used, so that the most intensive support is offered only to the most disadvantaged families. The programme has been tested in three separate large-scale randomised controlled trials with different populations living in different contexts and has shown the following outcomes:

- Improvement of parental care of the child as reflected in fewer injuries and ingestions that may be associated with child abuse and neglect and better infant emotional and language development
- Improvement of maternal life course, reflected in fewer subsequent pregnancies, greater work-force participation, and reduced dependence on public assistance.<sup>32</sup>

A national pilot of the health-led parenting support model is currently being carried out in England and the early findings show positive results.<sup>33</sup>

Following a final evaluation of the **Sure Start Local Programmes**, which aimed to enhance the life chances of young children and their families by improving services in areas of high deprivation, the evidence for its effectiveness is equivocal.<sup>34</sup> Although a study of 3-year-olds detected modest positive results, there was some caution needed in interpreting the results of the various impact evaluations and whether the effect was longer-lasting. SSLP's were varied in their operation and service provision than many other interventions which may have limited the ability to show effectiveness. A number of more specific parenting interventions have been shown to be effective in helping people parent more effectively, although these have mainly been developed to assist parents to cope with children with behavioural problems rather than improving resilience in the child.<sup>35</sup> Three parenting programmes which the Department for Children, Schools and Families consider to have evidence of effectiveness, and are currently being piloted in the Parenting Early Intervention Pathfinder initiative, are:

- **Triple P (Positive Parenting Programme)**
- **Webster-Stratton "Incredible Years" and**
- **Strengthening Families, Strengthening Communities.**<sup>36</sup>

Three further whole-family approaches which include a focus on enhancing social networking and informal support, but whose contribution to positive outcomes is still unclear, are:

**Intensive Family Preservation services** - intensive, short-term, home based interventions aimed at keeping at risk families together, and in doing so reduce the perceived negative effects of separation involved in out-of-home care.

**Multisystemic therapy (MST)** - intensive, home-based, whole family support programme that seeks to empower parents by identifying strengths, encouraging access to services, and highlighting and developing informal support networks, such as community members, pro-social friends and extended families.

**The Wraparound Process** - 'Wraparound' refers to set of processes aimed at providing individualised services to families with complex needs, developed originally to offer an alternative to residential treatment for young people with 'serious emotional disturbance'.<sup>37</sup>

A barrier to establishing a range of evidence based and effective interventions also lies in the fundamental problem that there is a lack of data available on the health and wellbeing of vulnerable children and young people. In order to identify the potential variations in the health of vulnerable children the Association of Public Health Observatories suggests urgent development of the following:

- A revised definition of homelessness for children and young people living apart from families and accurate data collection.
- Accurate data collection on parental substance misuse as a serious risk factor for dependent children.
- Exploration of authorised and unauthorised school absence data as a sensitive indicator predicting risk of poor health and educational outcomes.

- A small robust indicator set to assess and monitor the health of children and young people sentenced to custody.
- A review of available Child and Adolescent Mental Health data sources at national, regional and sub-regional level.<sup>38</sup>

Actions that have been suggested to prevent vulnerable children experiencing adverse outcomes include early intervention, tackling bullying and supporting parents.<sup>39</sup> Strategies to reduce the numbers of children and young people becoming looked after must include gatekeeping (prevention) of entry to the system by development of community support services as well as exit strategies to reduce the length of stay in the service.<sup>40</sup>

## 5.2 Looked after children (LAC)

The following sections focus on evidence around the education, health and wellbeing of looked after children, and what works in child placements, foster care, adoption and leaving care.

### 5.2.1 Evidence on improving health and wellbeing of LAC

The following key factors have been shown to help promote improved health and wellbeing for looked after children and young people:

- Health care services that are:
  - Child and young person centred
  - Non-discriminatory and accessible
  - Culturally appropriate
  - Focused on prevention and not just detection of ill-health
- Specifically tailored health-related interventions
- A clear and systematic framework and protocol for assessing, monitoring and recording a child's health history and current health and wellbeing, including mental health screening.<sup>41, 42, 43</sup>
- Frontline staff awareness of the particular health needs of LAC (e.g. delivery of 'Healthy Care' health promotion training for foster carers and residential social workers)<sup>44</sup>
- Health promotion programmes targeted at children that are appropriate to both LAC and other children
- Appropriate ways of delivering health information<sup>45</sup>
- Fewer changes in placement and more stable placements.<sup>46</sup>

#### 5.2.1.1 Substance misuse and looked after children

Research specific to preventative interventions and approaches around substance misuse and looked after children suggests that the following recommendations can create better outcomes for LAC:

- Establishing standardised delivery of drug education to those caring for young people in residential units. Training with a focus on transferable skills.
- Staff training should not be limited to information delivery, and there is a need to differentiate between universal and secondary approaches. It is not considered appropriate for care workers to provide individual counselling unless they have received adequate training.

- Residential units should have a formal drug use policy and practice guidelines. Staff turnover should be managed appropriately to avoid a lack of consistency in the institutional drugs policy and a loss of skills.
- Provision should be developed for marginalised groups within the care system (e.g. young people of Black or Minority Ethnic origin, sex workers, those with behavioural problems).
- Transition out of care should be given as much consideration as experiences of care itself.<sup>47</sup>

The key gaps in research include evidence on effective approaches to the relationship between parental and child drug use, how drug use related to anti-social behaviours is perceived as a further stigmatising factor in looked after children and how this may prevent seeking help for any arising problems.<sup>48</sup>

### 5.2.1.2 Mental health and looked after children

YoungMinds has produced a review of best practice in promoting looked after children's positive mental health.<sup>49</sup> Solutions to tackle more persistent difficulties have been suggested through profiles of services with successful outcomes for children and their carers, and ten key characteristics to consider when commissioning or providing mental health services for looked after children have been identified (Table 5.1)

**Table 5.1**  
**Best practice in commissioning or providing mental health services for looked after children**  
Source: Bunting 2006

<b>Flexibility</b>	Many looked after children have complex needs and do not readily access traditional CAMHS services. Flexibility is the key to providing accessible and acceptable services. One size does not fit all.
<b>Joint commissioning</b>	Jointly commissioned and jointly managed services. Mental health services for looked after children are at the interface of health, education and social care. Each party needs to understand the systems, time scales and expectations of the others, and have a commitment to working in new ways. Some services have joint commissioning boards, while in others key individual senior managers championed the services, and both are effective. The commitment is more important than the method used.
<b>Strong leadership</b>	Individuals with vision and a passion for providing relevant, accessible services to help turn around children's lives and who can enthuse others were a key factor in these services.
<b>Engagement</b>	Taking time to engage with children and young people whose past experiences have often caused them to mistrust all adults and to battle through life alone. This can take a lot of creative energy and resilience on the part of staff.
<b>Long-term work</b>	The ability to offer long-term support, where appropriate, sometimes at an intensive level and at other times in a low-key way, is important. Where services are pressured to close cases quickly, the young person's expectation that adults will let them down can be reinforced. Sticking with children and families through the tough times promotes different learning.
<b>Holistic</b>	Support for the whole child. Schemes with specialist foster carers and education input have good outcomes.
<b>Systemic thinking</b>	Using systemic thinking to engage all those in contact with the child and family, involving them in planning and helping their understanding of the child's needs and behaviours
<b>Participative</b>	It is important to listen to the young people about what they want from a service, develop formal and informal mechanisms for consulting with young people, involve them in planning services and celebrate their achievements.
<b>Evidence-based</b>	The importance of evidence-based practice. Evaluation, to ensure that service developments produce effective outcomes, is fundamental.
<b>Reflective and responsive</b>	Services do not often have fixed master plans from the outset. The focus should be on incremental development. Building in processes of reflection and review and responding to feedback from all stakeholders is implicit in successful development.

Since young people in care, and particularly those in children's homes, can have higher than average mental health needs, research shows that it is particularly important to maintain dedicated gateways to mental health services. Provision dedicated to children in care may be required to ensure they receive fast and effective access to the help that they need it.<sup>50</sup>

## 5.2.2 Evidence in social care

### 5.2.2.1 Foster care and placement

The following key messages on effectiveness of foster care and placement is taken from a Barnardo's review conducted in 2004 and a Department for Education and Skills review conducted in 2007.<sup>51,52</sup>

Key messages from research on the effectiveness of child placement are that:

- Child placement is an integral part of child and family social work. It is important to consider outcomes of child placement in the context of practice with families and children generally.
- Outcomes for children are subject to many complex and interacting variables. The more complex the placement circumstances, the more difficult it is to attribute success to any one factor or type of placement.
- Timescales are important, and the measurement of long-term outcomes is particularly challenging.
- Both birth families and new families value a dependable relationship with a worker who cares about them.
- Effective practice combines short-term and intermediate interventions within the context of long-term helping relationships.

Source: Sellick et al. 2004

Key messages about what works in short-term and intermediate foster care are that:

- Success in short-term and intermediate placements comes from more rigorous selection procedures for foster carers, sensitively managed matching and introductions, regular contact between children and their families, more frequent visits by link social workers to foster carers, and greater efforts by social workers in working with the child's family.
- Black children and those of mixed parentage tend to take different paths in and out of placement from those taken by white children. Evaluative studies of foster care for black children tend to be restricted to studies of success in recruiting families from different ethnic groups. Child outcome measures of success are little studied.
- When short-term and intermediate care is used as a method of family support, foster carers can have an important role in working with parents and children in resolving difficulties.
- Contact is a key variable independently associated with successfully returning children from placement to their families.
- There is a lack of evaluative research into the effectiveness of strategies aimed at recruiting and retaining carers.
- There are specific required characteristics for foster carers, and recruitment messages that emphasise these characteristics may be more likely to attract people with the capabilities to become foster carers. This needs to be accompanied by clear information about the available package of training, support and remuneration.
- There are few studies of effectiveness of training carers. Research is needed which differentiates between types of training and evaluates the content, process and outcomes of the programmes.
- Support to carers is important in retaining carers and diminishing the number of placement breakdowns.

Source: Sellick et al. 2004

Key messages emerging from research into permanent placements are that:

- Long-term placement with relatives or friends ('kinship care'), and short-term placements that become permanent, have been found to be more successful for the full range of children than placement with families not previously known to the child ('stranger care').
- Around 5 per cent of the placements of infants made at the request of the birth parent will break down.
- Of all adopters and adults who were adopted, 80 per cent express satisfaction with their relationship.
- Successful adoptive parenting of children placed as infants relies on: the parents' ability to accept the child's dual identity; the emotional significance which the birth family will always have for the child; and the adoptive parents' view of themselves as new parents.
- For older children, age at placement is key. Beyond the age of 6 months, vulnerability to emotional problems stemming from difficulties with attachment, separation and loss increase with age at placement.
- On average, one in five placements from care with adoptive parents or permanent foster carers not previously known to the child breaks down within five years of placement. However, this figure may not be helpful as so much depends on the age of the child and other characteristics at the time of placement.
- Children who have been institutionalised, who have behavioural or other emotional difficulties, or who have been abused or neglected face a greater likelihood of their placement breaking down.
- Being placed with siblings has been found by some researchers to be associated with more successful outcome. Continued contact with birth parents, relatives or siblings, and past foster carers can provide continuity for children in forming attachments to new families.
- Having continued contact with members of the birth family is also found in some studies to be associated with a reduced risk of breakdown but appears to make no difference in others. However, carers can sometimes be dissatisfied with contact arrangements which in their view create a negative effect.
- Some studies have found that children who have physical or learning disabilities generally do as well or better when placed with new parents than children who are in other respects similar.
- When age at placement and other variables are held constant, there are no differences in breakdown rates between adoptive placements and placements with permanent foster families. Qualitative studies find that some children prefer to be fostered and others prefer to be adopted.
- Some studies have shown that children of mixed racial heritage are more likely to experience placement breakdown than either black or white children.
- Many studies of the placement of infants and of older children have found that placement breakdown was associated with the existence of a birth child close in age to the child being placed.
- It is important for new parents to feel comfortable about integrating a child's early history into their family life.
- Single people and couples of many different types have successfully adopted or permanently fostered children who have experienced difficulties in their early lives or are disabled.
- Providing information to new parents in advance of placement about sexual abuse and behaviour problems can help to lessen the problems that may arise for new families.

Source: Sellick et al. 2004 and Munro & Hardy 2007

### 5.2.2.2 Placement with extended family (kinship care/ family and friends care)

Extended family members are sometimes overlooked in care planning meetings, suggesting that family members are not approached to act as carers. Research with care leavers shows that links with family networks remain important, particularly links with mothers, grandparents, siblings and aunts.<sup>53</sup> More recent research reveals that there is scope for a more systematic exploration of the kinship option for all children prior to proceedings, which could lead to earlier placements for some children.<sup>54</sup> Kinship care can also be a good alternative for abused and neglected children, but is not uncomplicated and requires careful assessment and adequate support. Positive outcomes related to a number of protective factors in kinship care are listed in Table 5.2.

**Table 5.2**  
**Protective factors in elements of successful kinship care**

Source: Hunt et al 2008<sup>55</sup>

Protective factor	Outcome measure	
	Statistically significant relationship for:	Trend for:
Younger children	Placement stability Relationship quality Child well-being Overall outcome	-
Placement with a grandparent	Placement stability	-
Previous full time care by index carer	Placement stability	Relationship quality
Child's acceptance of care	Placement stability	-
No non-sibling children in household	Placement quality	-
Carer assessment pre-placement	Placement quality Overall outcome	-
Favourable assessment of parenting capacity at time of proceedings	Placement quality	-
Disagreement or conflict about the placement during proceedings	Placement quality	Overall outcome
Single carer placement	Relationship quality	Overall outcome
Carer instigator of placement	Relationship quality	Placement stability
Fewer difficulties prior to placement	Child well-being	-

The research shows that kinship care is a unique type of care which must have separate guidance, systems, structures and services tailored to the particular needs of these families, and a transparent and fair system of remuneration so that kin carers are not financially disadvantaged.<sup>56</sup>

### 5.2.2.3 Adoption

In 2003 the Social Care Institute for Excellence published a review of the research on adoption of looked after children.<sup>57</sup> A summary of the findings are presented in Box 5.2.

#### **Box 5.2 Factors that lead to successful adoption of LAC**

Source: Rushton 2003

##### **Recruitment**

Successful methods for recruitment of potential adoptive parents have not been fully evaluated. Campaigns should ensure that they are reaching black and minority ethnic families. Initial contact with agencies should be sensitive and provide sufficient information. Acceptance criteria may need to be broadened to ensure that adoptive placements can be found for 'hard to place' children.

##### **Assessment of applicants**

A number of parent characteristics are thought to be good indicators of prospective parents (although there is limited evidence on their relation to a successful placement):

- Child centredness
- Warmth
- Consistency
- Flexibility
- Tenacity
- A sense of humour
- Capacity to reflect on problems and their origins
- Inventiveness in parenting strategies.

##### **Assessment of the children**

The suitability for placement with adoptive parents must be assessed systematically and holistically. A profile of potential problems should be gathered, rather than a checklist of behavioural characteristics. Readiness for placement should also be assessed.

##### **Matching**

There is insufficient evidence on the factors that result in the successful matching of adoptive parents and children in care. Employing an interactive model of predicting likely problems undertaken by an independent agency. Although it is still a contentious issue, it has generally been argued that the closest ethnic match is desirable so as to avoid a possible discord both within the family and between the family and the community.

There is insufficient evidence on effective methods of preparation of new families and children to be placed.

### 5.2.3 Education

Evidence shows that engaging children in learning from a young age is important in determining future educational outcomes. Children in care can be less developed in their learning even before attending school; therefore socialising with their other children at playgroup or nursery is an important part of development in these early years.<sup>58</sup>

Initiatives which can produce positive educational outcomes for LAC include structural changes designed to improve communication between education and social services departments, ensuring that frontline staff, including foster carers, are aware of particular educational needs of LAC and the importance of interdisciplinary working, and providing extra help for LAC.<sup>59</sup> Extra help could include revision clubs, extra tuition before exams, paying foster carers to help with reading and homework and education support projects for unaccompanied asylum seekers.

Personal education plans and setting up good educational support for young people in care have also been shown to provide positive engagement in learning. Furthermore providing continuity in education is

important; transport should, where possible, be provided if a care placement changes so that the young person can stay at the same school.<sup>60</sup>

Following surveys and consultation with young people Barnardo's have identified a number of additional requirements to promote improved educational outcomes for young people in care (Box 5.3 and 5.4).<sup>61</sup>

#### **Box 5.3 Actions in schools to promote improved educational outcomes for LAC**

Source: Barnado's 2006

- There should be a statutory requirement that there is a designated teacher in all schools [this now in place]. While this may not always be the person in whom children confide or relate to best; it is vital that they know who 'can make things happen' if there are issues or problems.
- All teachers should have training that includes a basic understanding of the care system.
- School bullying policies should have special regard to those children who may experience bullying because they are in care.

#### **Box 5.4 Actions in children's services to promote improved educational outcomes for LAC**

Source: Barnado's 2006

- There should be a requirement that children's services departments maintain children in the same school even if there is a change of care placement, unless this is completely untenable because of distance.
- Children should not change care placements during GCSE years, in particular, young people should not have to be planning to leave care while they are in exam periods – either GCSE or A level.
- There should be a requirement that someone attends parents' evenings and other school events for every child in care. The decision about who attends should take into account the views and wishes of individual children.
- Children's services plans should have a specific requirement to address how agencies will work together to support children in care to improve their educational experiences and outcomes.
- Looked after children should be consulted in decisions regarding their education and this should form part of the statutory review process.

Ofsted have also identified a number of key elements of good practice which it believes are contributing to notable progress for looked after children in school settings:

- A focus on looked after children within a framework of high expectations and good teaching and learning for all pupils; for example recognising that looked after children may be gifted and talented
- Looked after children engaged in and taking responsibility for their learning
- Close monitoring of academic, social and personal progress
- The involvement of looked after children in learning outside the classroom and after-school activities
- Unified but low profile support in school for each looked after child so that they are not made to feel different from other children
- Swift and early intervention if a problem emerges, such as with behaviour or attendance
- The successful engagement of carers and parents wherever possible.<sup>62</sup>

## 5.2.4 Leaving care

Barnardo's have completed a review of effective measures that are successful in preparing young people for leaving care and these are listed in Box 5.3.<sup>63</sup>

### **Box 5.3 Good practice in preparing young people for leaving care**

Source: Stein 1997

#### **General**

- Assessment (ie identifying the young person's needs and how they will be met);
- Support and participation (involving discussion and negotiation and risk-taking in the context of a stable placement);
- The gradual opportunity to learn skills.

#### **Accommodation**

A number of models are discussed, including supported lodgings, staying on in care, hostels and flats with support, independent tenancies and foyers. The following features assist positive outcomes:

- Involving young people in planning and decision making
- Assessing needs and preparing young people
- Offering a choice in the type and location of accommodation
- Not moving young people in an unplanned way, before they are ready
- Having a contingency plan in case the accommodation breaks down
- Setting up a package of support
- Having a clear financial plan
- Providing information relevant to the type of accommodation

#### **Personal and financial support**

Evaluation suggests that support should be:

- planned and negotiated with young people
- proactive – not just responding to a crisis
- flexible, given the variety of needs of young people
- designed to address practical, financial and emotional needs

#### **Education, employment and training**

These aspects of care leavers' lives are under-researched but some messages are clear:

- Stability in care and the support and encouragement of carers is important for achieving educational success
- Local authority social workers tend to have low expectations of children in the care system; foster carers on the other hand are generally more aware of the importance of education
- Education and employment prospects after the age of 16 can be improved by a) assessing carefully each young person's capabilities, and b) working with them to increase their employability before they take on the demands of education, training and employment.

#### **Overall the most successful schemes have the following features:**

- They target the core needs of care leavers – for accommodation, social support, finance and careers – in different ways. This includes providing information, counselling, group work support, and drop in facilities.
- They work with young people, not for them, and involve them in decisions that are important to them.
- They work with other agencies – particularly housing providers, benefits, employment and training agencies
- They influence policy locally – by increasing awareness of issues, contributing to debates and informing policy responses
- They have clear objectives, good management and well developed policies on access to schemes, equal opportunities, service delivery and scheme monitoring.

## 6.0 Targets relating to LAC and vulnerable children

### 6.1 National targets

In the government's 2007 comprehensive spending review there were numerous national Public Service Agreement (PSA) targets set relating to vulnerable and looked after children. The PSA targets outline the key priority outcomes to be achieved between 2008 and 2011 and can be found at:

[www.hm-treasury.gov.uk/pbr\\_csr/psa/pbr\\_csr07\\_psaindex.cfm](http://www.hm-treasury.gov.uk/pbr_csr/psa/pbr_csr07_psaindex.cfm)

A key PSA target for looked after children set in the previous comprehensive spending review (2004) was:

- Narrow the gap in educational achievement between looked-after children and their peers, and improve their educational support and the stability of their lives, so that by 2008, 80% of children under 16 who have been looked after for 2.5 or more years will have been living in the same placement for at least 2 years, or are placed for adoption.

### 6.2 Local targets

#### West Sussex Children and Young People's Plan and Local Area Agreement 2006-09

- Reduce the number of Looked After Children by increasing the level of targeted family support
- Reduce the number of Looked After Children placed outside West Sussex
- Reduce the number of children in need on the Child Protection Register by increasing the level of targeted family support
- Increase the number of children and young people with a dedicated lead professional to co-ordinate multi-agency services, with an emphasis on early identification of risk factors and intervention through referrals to multi-agency Joint Access Teams (JATs)
- Increase the percentage of Looked After Children with an allocated worker
- Improve access to and take up of family and parent support (including for instance advice and guidance, health, workshops, counselling, family learning, and parenting skills) by increasing the number of Children's Centres and schools providing a full range of extended services
- Improve outcomes for Looked After Children (LAC) including:
  - i. Improve stability of foster placements
  - ii. Improve LAC attendance at school
  - iii. Increase the number of West Sussex LAC leaving school with at least one GCSE
  - iv. Increase the percentage of West Sussex LAC aged 16 who are engaged in education, training or employment at the age of 19

#### Other local targets (2006-09)

- Reduce the impact of domestic violence on children and young people
- Reduce bullying and intimidation in West Sussex schools and in the wider community
- Reduce the number of children and young people killed or seriously injured on our roads
- Increase access to supervised after-school and holiday activities
- Increase the educational performance of children and young people from ethnic minorities, including travellers
- Improve educational provision for children and young people who are not at school or are absent from school through ill-health
- Increase the number of young people aged 5-19 accessing a wide range of high quality positive activities and informal educational opportunities particularly those young people from priority groups and areas

## West Sussex Local Area Agreement targets 2008-11

The second Local Area Agreement (LAA) includes targets selected from the new set of national indicators (NI) for local authorities and local authority partnerships. Targets in the second LAA that relate to, or could impact on, vulnerable and looked after children include:

- NI 51 - Effectiveness of child and adolescent mental health services (CAMHS)
- NI 59 - Percentage of initial assessments for children's social care carried out within 7 working days of referral
- NI 69 - Children who have experienced bullying
- NI 79 - Achievement of a Level 2 qualification by the age of 19
- NI 110 - Young people's participation in positive activities
- NI 117 - Percentage of 16 to 18 year olds who are not in education, employment or training (NEET)
- NI 147 - Care leavers in suitable accommodation
- NI 198 - Children travelling to school – mode of transport usually used

There are also 16 statutory targets relating to education, of which three are to achieve better educational outcomes in looked after children. See Appendix E for full details of the LAA targets.

Other indicators in the national indicator set which must also be monitored and relate specifically to looked after children include:

- NI 61 - Timeliness of placements of looked after children for adoption following an agency decision that the child should be placed for adoption
- NI 62 - Stability of placements of looked after children: number of placements
- NI 63 - Stability of placements of looked after children: length of placement
- NI 66 - Children looked after cases which were reviewed within required timescales
- NI 148 - Care leavers in employment, education or training

## 7.0 Background and context to services for children and young people in West Sussex

There are various local reports, strategies, implementation programmes, projects and initiatives that assess and contribute to improving services and circumstances for vulnerable and looked after children. A summary of a selection of this information is provided here to provide context for the findings that follow in Section 13.

### 7.1 Annual Performance Assessment of services for children and young people in West Sussex

In 2007 West Sussex County Council was awarded a Grade 3 for the overall effectiveness of children's services in the Annual Performance Assessment (APA) carried out by Ofsted. This means that a service that consistently delivers above minimum requirements for users is being delivered.<sup>64</sup> The APA provides recommended areas for development which were identified as part of the assessment, and these are provided under each Every Child Matters heading in Appendix F.

### 7.2 Integrating children and young people's services in West Sussex

In 2002 West Sussex County Council made a commitment to develop joined up education and social care provision. Since then there has been a staged approach to creating integrated services for children and young people in West Sussex requiring structural and organisation change, as well as cultural change around working practices. A diagram representing planning and commissioning for children and young people can be found in Appendix K.

#### 7.2.1 Joint Access Teams (JATs)

Further co-operation and improvement of inter-agency processes were then achieved through Joint Access Teams (JATs). JATs were established from 2003 as part of the integrated services programme to provide more co-ordinated and effective services for vulnerable children and young people from pre-birth to 19 years. JATs met every two weeks, shared information and agreed co-ordinated responses based on the holistic needs of vulnerable children. A practitioners' toolkit also supported the children's workforce within the JATs. Over 2000 children and families have received support through the JAT process. There is a single referral route with every child having a designated lead professional. West Sussex has over 800 named Lead Professionals across services and

they are identified and facilitated through multi-agency working arrangements.

The second stage focused on collaboration and achieving some co-location of services, as well as streamlining joint agency processes. This model was first piloted in 2006 with the Littlehampton "Full Service Hub", which developed a new way of working to support children and young people, and in particular those who may have additional needs or about whom there is a cause for concern. The Hub is a place where anyone can find help to access the support needed from the multi-agency team and is:

"accessed through a single conversation; delivered locally on a range of community sites including school sites; accessed through a single gateway for referrals and a common assessment process; and delivered in a timely way".

An evaluation of the Hub has been carried out by the University of Sussex and is being used to ensure successful implementation of the Integrated Service Delivery model throughout West Sussex.

#### 7.2.2 Review of children's services/needs assessment for Children and Young People's Plan

In 2005 a qualitative research study carried out by MORI was conducted in order to provide in-depth analysis of met and unmet need of children and young people in West Sussex.<sup>65</sup> Interviews and focus groups were held with 20 families with high needs. The project was commissioned by the West Sussex Children and Young People's Trust. Researchers interviewed children, young people and parents, mapped life histories and explored key events, circumstances and issues that may have contributed to children and young people having problems further down the line. The focus groups were held to broaden the research to understand experiences among a wider population. The report drew on the views of children, young people and their families about

needs they felt were well met and those that were not. Some of the key findings were:

- Services could be difficult to access initially but, once accessed, they were good
- Needs appeared to be well met where they are high level but less so where they were lower level or less tangible
- Support for children over eight and young people was less readily available than for younger children
- Services appeared to support children and young people better than their parents and other family members.

### 7.2.3 Integrated Services Delivery Programme (ISDP)

The Integrated Services Delivery Programme (ISDP) is a key theme of the Children and Young People's Plan (2006 – 2009) as it is the primary driver and mechanism for meeting the commitment to provide preventative services at an early stage of need. New structures and strategies been implemented and are intended to address areas of development raised in the County's previous Annual Performance Assessments. Eight Integrated Service Delivery Areas (ISDAs), based on the pilot Hub model, were established across the county. Integrated services are partnerships that include education, adults and children's services, along with health services and other key agencies. They consist of a team of professionals who work locally, meet on a regular basis to share information, and make decisions that can be acted upon quickly to provide timely, effective and flexible responses to the needs of children, young people and their families. It hoped that this approach will reduce the time and effort families need to spend to gain support, mean that support provided by different services can be organised better to meet individual needs, allow the views of families, children and young people to be heard and to be involved in decisions about their lives, support schools to help their pupils, and link children and families to local schemes and projects that can provide additional support.

Each integrate service team comprises the following functions:

- Education welfare
- Educational Psychology
- Social care (assessment through to permanence planning, including care proceedings and child protection)
- Inclusion support (behaviour and learning support)

- Family support (family centre component of integrated children's centres)

These professionals work with young people and their families to provide support by helping children and young people stay safe and out of trouble, helping children and young people to do better and stay at school, improving the health and well-being of children and young people, and allowing children, young people and their families to have their views heard in matters that affect them. Furthermore the ISDP aims to give priority to children and young people in the most deprived areas of the County.

### 7.2.4 Sure Start children's centres

In West Sussex there were two Sure Start Local Programmes (SSLPs) which offered one-stop support through integrated services and multi-disciplinary professional teams to children under five and their families. This included childcare, early education, health services (such as breastfeeding support, smoking cessation and speech and language therapy), family support and help into work. The centres were based in disadvantaged areas of Littlehampton and Crawley and were operational from 2002, although from April 2008 co-located health staff stopped working directly from the centres following the withdrawal of funding. A recent review of local evaluations of the Sure Start programmes found that positive change had been resulted in various areas, including:

- Parental stress and isolation
- Parenting skills
- Management of children's behavioural problems
- Support for breastfeeding problems and issues around children's general health<sup>66</sup>

The review concluded that experiences of the SSLPs would provide valuable lessons for development of future collaborative multi-agency needs led services for children and families in West Sussex.

### 7.2.5 Children and family centres

As part of the development of integrated services, the preventive elements of Sure Start Children's centres and the social service Family Centres (more concerned with care plans and child protection) are to be combined to create Children and Family Centres. According to plans there will be 36 operational Children and Family Centres in West

Sussex by early 2009, of which 12 will be full service centres and 24 will be smaller centres. In the future it is anticipated that most children's services will be delivered through Children and Family Centres so that children and families can receive seamless integrated services and information and where they can access help from multi disciplinary teams of professionals. It is anticipated that health professionals such as community midwives, health visitors and speech therapists will provide in-reach services to the West Sussex Children and Family Centres.

### 7.3 West Sussex family support and parenting strategy

The draft West Sussex family support and parenting strategy proposes that children and families will need to be at the centre of service delivery in order to provide effective support to families at the earliest opportunity and to prevent them reaching crisis point. The Common Assessment Framework, Lead Professionals, and the development of the concept of the Team Around the Child, and the Team Around the Family which contribute to this aim. Local access and delivery of family support and parenting services will be through integrated services – which includes Children and Family Centres, extended services, and work with schools. An initial stage in the development of the strategy will be to establish local Family Support and Parenting Forums with representation from families and the voluntary and community sector.

### 7.4 Child protection and safeguarding procedures

The **Local Safeguarding Children Board (LSCB)** plays a vital role in ensuring that children and young people (including LAC) are protected and that their welfare is promoted at all times. The LSCB must be proactive if it is to successfully meet its wider safeguarding brief. The LSCB has made a contribution to the national strategy for identifying and protecting vulnerable children and young people entering the country through groundbreaking multi-disciplinary work at Gatwick airport. It has also successfully influenced national policy in respect of children in families awaiting deportation. The LSCB has established effective procedures for conduct of and implementation of learning from serious case reviews and audit of work quality. The Sussex-wide child protection and safeguarding procedures were published in July 2006.<sup>67</sup>

### 7.5 Children-in-Care service

A new and unified Children-in-Care Service was established in 2006 to provide a single focus point to coordinate all aspects of provision for looked after children and to better respond to their needs. It comprises the fostering service, residential care service, permanence service, and the 14+ service.

The **permanence service** is for children under the age of 14 years for whom there is a plan for permanence and whose care plan is for them to remain looked after away from their birth families through adoption, foster care or residential care. The service comprises three permanence teams, an adoption service (for children who require an adoptive placement, and residents from West Sussex who wish to become adoptive parents) and an adoption support service (to carry out adoption support assessments; to provide support, family work and counselling; and to provide contact maintenance to adopted children, adopted adults, adoptive families and birth family members).

The **14+ service** has recently been created (having in part evolved from the leaving care service) and works with children in care over the age of 14 plus care leavers. This service helps develop a pathway plan for children in care at age 16 in order to maintain consistency during the period of transition when leaving care.

The service for **looked after learners** ensures that each child's educational involvement, opportunity and attainment are maximised and, along with other professionals, supports the development of Personal Education Plans (PEPs).

An **independent reviewing service** provides an assessment of the local authority's management of young people in their care to ensure that life chances for looked after children are enhanced and ultimately that children's human rights are protected. An independent reviewing office (IRO) chairs review meetings, evaluates the overall care plan and its implementation, ensures that decisions are made to meet children's needs and enables effective participation of the young person in care.

### 7.6 PAR (Participation, Advocacy & Rights)

Participation, Advocacy & Rights (West Sussex) was set up in March 2000 and since then has provided services for LAC under an agreement with West Sussex County Council. The PAR project is partnership between The Children's Society and West Sussex County Council which offers an

advocacy and rights service and an independent visiting scheme for all children and young people looked after by West Sussex CYPS. The aims of PAR are to:

- Offer LAC an independent and confidential information, advice, advocacy, representation and support service
- Provide specialist advocacy services to LAC in trouble with the law
- Offer an Independent Visitors service to children and young people who have little or no contact with their birth family
- Help children and young people participate in decision making processes – particularly in statutory review meetings and care planning and planning meetings
- Facilitate consultation processes so that looked after young people in West Sussex can express their views on service delivery.<sup>68</sup>

### 7.7 Leading improvements for looked after children (LILAC)

In 2006/07 West Sussex was a pilot site for the SCIE and CSCI funded LILAC project, an initiative of A National Voice, the Fostering Network and the National Leaving Care Advisory Service, which was developed and delivered by care-experienced young people. The initiative involved training care-experienced individuals to become pilot inspectors and review local authority social care policies and practices in relation to the services they provide for children and young people. The project found that looked after children and young people are more willing to open up to care experienced inspectors and that with the cooperation of local authorities the project it has the potential to complement Ofsted inspections.<sup>69</sup>

### 7.8 Running away from trouble

*Running away from trouble* is a research report on the West Sussex ODPM looked after children offending, anti-social behaviour and running away initiative which was conducted between 2005 and 2006. This Children's Society report summarises findings from research and the preliminary evaluation of an project in West Sussex, funded by the Office of the Deputy Prime Minister (ODPM), to provide an assessment of changes required across local government in work with looked after children and young people, in order to reduce

offending, anti-social behaviour and running away. It came about because of concerns about community safety "in the face of the 'threat' of looked after children and young people and their perceived propensity to offend, perpetrate acts of anti-social behaviour and go missing from care". The research evaluated the impact of the direct work undertaken by a Police Community Support Officer (PCSO) with LAC and independent children's homes, plus the independent advocacy service provided by the PAR project. The project was found to be successful in:

- Developing partnership working across agencies and geographical boundaries
- Raising awareness across agencies of the real situation for looked after young people in residential care
- Dispelling myths – fomented by the local press – around looked after young people and their troubling behaviour and criminal activity
- Increasing understanding around (potential) merits of independent advocacy as an intervention to improve outcomes for looked after young people and to help in safeguarding them while they are living in children's homes.<sup>70</sup>

### 7.9 Money drugs or fun

Between 2004 and 2005 the West Sussex Community Safety Unit and 4Children undertook a consultation with young people about the impact of crime and disorder on their lives – a report called *Money, drugs or fun* was produced detailing the results.<sup>71</sup> The specific target groups of the consultation included West Sussex resident children and young people 'at risk', vulnerable, or 'hard to reach'. It consisted of facilitated group discussions and one-to-one interviews (227 participants), questionnaires (137 completed) and evaluation forms completed by the facilitators. The key findings included:

- Bullying, theft/stealing and drugs (drug-taking or selling) were cited by young people as the top three crime issues that affected young people
- Between a quarter and a half had experienced threatening situations with weapons or other violence and a significant minority talked about experiencing, perpetrating or witnessing domestic violence

- The more disadvantaged young people felt that there was nothing to do and nowhere to go in their leisure time after school and at weekends or that for families with several children, facilities are simply not affordable
- Young people suggested a range of reasons why crime is committed including boredom, poverty, peer pressure, drugs, anger, trouble at home and fun.
- Young people feel more positive about the presence of the extended police family (e.g. Community Support Officers) than police officers.
- Children and young people reported feeling safest at home, feeling somewhat less safe at school and in their neighbourhood, in particular their town centre. Being close to their friends (going about in big groups) makes them feel safe. Public transport was not safe in their view.

### 7.10 Action Against Bullying project

'Action Against Bullying' is a multi-agency strategic partnership formed in 1999 in response to concerns identified through local community safety audits. In four of the seven West Sussex district/boroughs, young people cited bullying as a safety issue for them. The partnership acknowledges that bullying is a community issue that extends beyond schools and seeks schools, communities, children and young people to challenge bullying in all settings. Some of the Action Against Bullying 2008-11 strategic priorities include:

- Raising the profile of bullying in all its forms and its effects on children's emotional health and well-being, mental health needs, life chances and achievement
- Demonstrating the impact of prevention and early intervention in reducing the incidence of bullying in education and community settings
- Supporting mechanisms for children and young people, their parents and carers who are experiencing bullying - whether as targets, perpetrators or bystanders.<sup>72</sup>

### 7.11 Ethnic minority achievement team (EMAT)

The West Sussex Ethnic Minority Achievement Team (EMAT) provides additional support to help

schools meet the particular needs of pupils for whom English is an additional language (EAL), and to raise standards of achievement for those minority ethnic groups who are particularly at risk of under-achieving. EMAT's principal roles are in assessment, training, facilitating community links, advice and guidance, and monitoring provision.

### 7.12 'Spinning Plates' and the Asphaleia Project

'Spinning Plates' was a tailored support project for looked after children in Worthing run by Asphaleia and funded by Connexions in 2006 and 2007. The project targeted support to looked after children aged 14 to 19 not in education, employment or training (NEET), or at risk of becoming so. Individuals were offered a package of individually designed activities and support over a 12 week period. Activities included tailored development plans; information, advice and guidance; life, job and study skills workshops; physical team building activities; help with progressing and remaining in education, training or employment; and mentoring. The Asphaleia Project continues to work with disadvantaged young people primarily aged 13-19 years, including a high proportion of unaccompanied asylum seekers, to support them into further learning, employment and/or training.

### 7.13 Disabilities and the 'Team around the Child' project

Between September 2006 and July 2007 a project called 'Team around the Child' was set up to explore the possibility of developing additional service capacity within West Sussex for children with severe learning difficulties and behaviours that challenge (not to be confused with the 'team around the child' Every Child Matters model of service provision in which a range of different practitioners come together to help and support an individual child). A lack of provision meant that some children were not able to be placed at schools within the County, therefore disrupting their family and community life as well as incurring considerably higher cost to local public services. The project worked with a group of 8 children from 3 special schools in the Worthing and Chichester areas. For each child a behaviour profile was jointly developed, an action plan formulated, and a 'communication passport' created. Regular meetings were held between professionals, the school, parents, and a psychologist to maintain them in West Sussex. The project's findings indicated that a reduction in the level and severity of the behaviours was only partially achieved for the large majority of

identified behaviours. However the aim of better management of the behaviour was achieved. The 'Team around the Child' initiative is still running in the south of the County.

More recently joint work is taking place towards the national *Aiming High for Disabled Children* initiative which aims to provide access and empowerment for disabled children and families, responsive services and timely support, improved service quality and capacity. It will deliver more short breaks, childcare, transition support and palliative care. Mapping of need is currently being undertaken

#### **7.14 West Sussex young people's substance misuse treatment needs assessment (2008)**

In 2006/07 West Sussex young people's substance misuse service received 192 referrals for tier three support, carried out 127 comprehensive assessments and started 91 new care plans. The main problem drug reported for referrals were cannabis (88), alcohol (55), and cocaine (22). A substance misuse screening tool (to complement the CAF) has been piloted through integrated service delivery and plans are to also introduce further screening assessment processes in schools. Just eight LAC were identified as being in tier three services in 2006/07 according to NDTMS data, although social services returns (OC2) over the same period indicated 23 LAC had received an intervention for a substance misuse problem.<sup>73</sup>

#### **7.15 West Sussex community personal dental services**

West Sussex Community Personal Dental Service (WSCPDS) provides specialised assessment and comprehensive treatment to patients on referral from all areas of primary health care, education and social care. To be eligible for treatment patients must have specified special needs and match WSCPDS referral criteria. In addition WSCPDS offers dental screening in schools with the aim of identifying previously unrecognised disease, encouraging attendance at a dentist for treatment at an early stage, and to provide preventive or operative treatment. During the academic year 2006/07, WSCPDS offered dental screening to all children in year 1 and year 4, attending state maintained primary schools throughout West Sussex. Out of a total of 7287 children in year 1 who were offered dental screening, 4947 (68%) were actually seen.<sup>74</sup> Early work is in progress to investigate forming a dedicated LAC oral health assessment facility to support the work of the LAC medical and nursing teams.

#### **7.16 West Sussex Youth Service Information Shops**

The six Information Shops in West Sussex provide young people aged 13-25 with information, advice and support. They offer young people social education and aim to help young people make informed decisions about all aspects life e.g. work, relationships, health, and finances. In 2006/07 a total of 27,077 enquiries were made by 14, 174 young people. Of these the majority were regarding sexual health (44%), followed by drugs and alcohol (8%), employment and training (8%), counselling (8%), family and relationships (6%) and all other enquiries (26%).<sup>75</sup>

## 8.0 A profile of children and young people in West Sussex

Although it is not possible to directly associate demographic characteristics to outcomes in individuals, it is useful to consider the make up of the population of children and young people in West Sussex when assessing need and planning the development of services that might be required. The following section is adapted from the first working draft of the Joint Strategic Needs Assessment for West Sussex, which will be regularly updated and is available at:

[www.westsussexpct.nhs.uk/healthy-living/public-health-information/joint-strategic-needs-assessment/](http://www.westsussexpct.nhs.uk/healthy-living/public-health-information/joint-strategic-needs-assessment/)

### 8.1 Population change

In 2006 there were around 180,000 children and young people aged 0-19 years (the age group covered by the West Sussex Children and Young People's Plan). This is a 1.7% increase since 2002. According to the definition of vulnerable children as "disadvantaged children who would benefit from extra help from public agencies in order to make the best of their life chances", there are approximately 60,000 vulnerable children and young people in West Sussex.

**Table 8.1**

**West Sussex population aged 0-19 and change between 2002 and 2006**

Source: MYE ONS

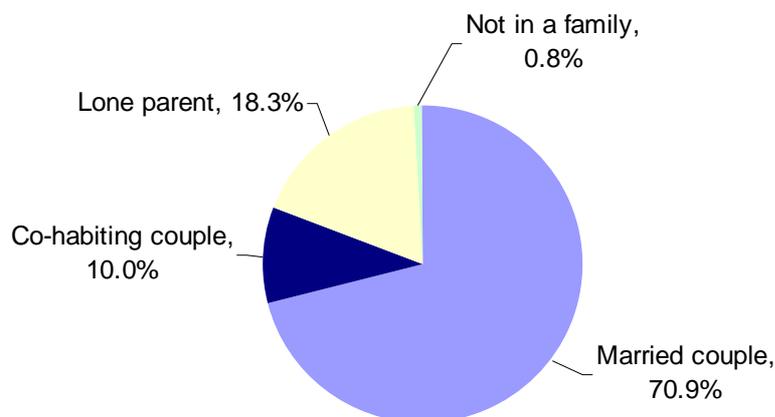
	2002	2006	Change over last 5 years	% Change
Adur	14,000	14,100	100	0.7%
Arun	29,900	30,700	800	2.7%
Chichester	23,600	23,600	0	0.0%
Crawley	25,800	25,100	-700	-2.7%
Horsham	30,700	32,000	1,300	4.2%
Mid Sussex	31,500	32,500	1,000	3.2%
Worthing	21,800	22,200	400	1.8%
<b>West Sussex</b>	<b>177,200</b>	<b>180,300</b>	<b>3,100</b>	<b>1.7%</b>

The West Sussex County Council population projections published in March 2008 project a decline in the number of 0-19 year olds in West Sussex between 2006 and 2026. The decline is projected to be more marked between 2011 and 2021, with an eventual increase between 2021 and 2026. These long term projections are subject to a certain degree of uncertainty, but are based on current trends including birth rates and current planning assumptions.

### 8.2 Family structure

The majority of children (70.9%) in West Sussex (aged 0-18) live in married couple households, with 18.3% living in lone parent households, 10% in co-habiting households and 0.8% "not in a family" (looked after or in older age groups living separately)(Figure 8.2).

**Figure 8.2**  
**Family structure of children and young people aged 0-18 Years**  
 Source: Census 2001



Family structure patterns vary across West Sussex, for example 22% of children in Crawley live in lone parent households compared to 13.7% in Mid Sussex, and differences are greater when comparing data at ward level (Table 8.2).

The proportion of young people “not in a family” (looked after or in older age groups living separately) is highest in Adur (1.2%) and Worthing (1.1%), although this is in line with the national average (1.1%).

**Table 8.2**  
**Family structure district level, 0-18 year olds**  
 Source: Census 2001

Area	All dependent children 0-18 years	Total in lone parent households	Total married couple households	Co-habiting couple	Not in a family	Total
Adur	12,496	20.4%	66.0%	12.4%	1.2%	100.0%
Arun	26,742	20.7%	67.1%	11.4%	0.9%	100.0%
Chichester	20,938	18.0%	72.1%	9.2%	0.6%	100.0%
Crawley	23,623	22.0%	66.4%	10.8%	0.9%	100.0%
Horsham	27,038	13.7%	77.4%	8.3%	0.5%	100.0%
Mid Sussex	28,412	14.7%	76.7%	8.2%	0.4%	100.0%
Worthing	19,686	21.1%	66.4%	11.3%	1.1%	100.0%
<b>West Sussex</b>	<b>158,935</b>	<b>18.3%</b>	<b>70.9%</b>	<b>10.0%</b>	<b>0.8%</b>	<b>100.0%</b>
SOUTH EAST	1,762,412	18.4%	70.3%	10.5%	0.8%	100.0%
ENGLAND	11,006,702	22.8%	65.2%	10.9%	1.1%	100.0%

### 8.3 Low income households

According to the Index of Multiple Deprivation (IMD 2007) 22% of children in England are living in low income households, which is measured as the percentage of children living below the 60% median income level. In West Sussex overall 13.6% of children are living in low income households and, although well below

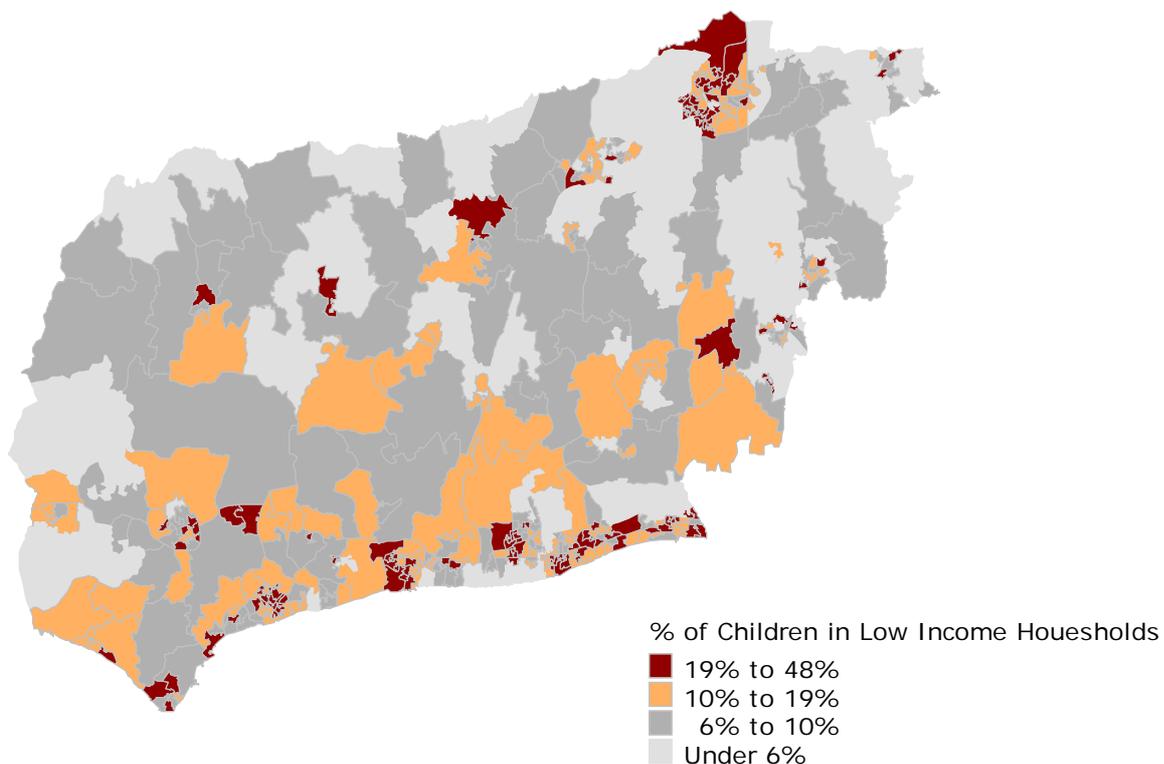
the national average, the percentage between 2004 and 2007 has increased in every local authority area (Table 8.3). There are now almost 3% more children in Crawley in low income households.

**Table 8.3**  
**Percentage of children in low income households and change between 2004 and 2007**  
 Source: IMD 2007, DCLG

	2007			2004		
	Under 16s total	Income Deprived Under 16s	% U16s Income Deprived	Under 16s total	Income Deprived Under 16s	% U16s Income Deprived
Adur	10,990	1,930	17.6	11,350	1,900	16.7
Arun	24,290	4,160	17.1	24,070	3,850	16.0
Chichester	18,860	2,340	12.4	18,900	2,250	11.9
Crawley	20,310	3,800	18.7	21,140	3,350	15.8
Horsham	25,990	2,310	8.9	25,280	1,960	7.8
Mid Sussex	25,850	2,280	8.8	25,750	1,980	7.7
Worthing	17,690	2,820	15.9	17,780	2,770	15.6
<b>West Sussex</b>	<b>143,970</b>	<b>19,640</b>	<b>13.6</b>	<b>144,270</b>	<b>18,060</b>	<b>12.5</b>

There are considerable differences within West Sussex, and between 2004 and 2007 the poorer wards (in terms of child poverty) saw bigger falls than the less deprived wards. According to IMD 2007 this means that the gap in child poverty between the most and least deprived areas is widening. Higher proportions of children living in low income households are found in urban areas along the coastal strip of West Sussex, in Crawley, and in some rural areas (Figure 8.3 and Table 8.4).

**Figure 8.3**  
**Percentage of children in low income households, West Sussex**  
 Source: IMD 2007, DCLG



**Table 8.4****West Sussex wards with the highest child poverty rates**

Source : IMD 2007, DCLG

		% of children in low income households	
Ward	District	2004 Index	2007 Index
Ham	Arun	30.1	34.2
Broadfield South	Crawley	31.5	32.4
Broadfield North	Crawley	26.0	31.9
Northbrook	Worthing	28.5	30.6
River	Arun	26.2	29.2
Hotham	Arun	27.2	28.4
Bewbush	Crawley	20.9	27.4
Eastbrook	Adur	24.4	26.9
Central	Worthing	29.1	26.8
St Mary's	Adur	20.1	26.3

In time the West Sussex Joint Strategic Needs Assessment will include further data relating to vulnerable children and young people, such as:

- Children subject to Child Protection Plans (CPP rate per 1,000)
- Refugee and asylum seekers
- Children with disabilities and specific health conditions
- Children with learning difficulties
- Children with mental health problems
- Child carers
- Children from homeless families

Further information and the performance indicators that contributed to the 2007 Annual Performance Assessment (APA) of services for children and young people provided by West Sussex County Council can be found at:

[www.ofsted.gov.uk/oxcare\\_providers/la\\_view/\(leaid\)/938](http://www.ofsted.gov.uk/oxcare_providers/la_view/(leaid)/938)

#### 8.4 Children's services staffing in West Sussex

The number of whole-time equivalent (WTE) operational staff working in West Sussex specifically for children's services per 10,000 population aged 0-17 has risen over the last few years. However it has been below the national average since 2001, and in 2006/07 was 24.6 in West Sussex compared with 27.5 in England.<sup>76</sup> Despite this the rate in West Sussex has been consistently higher than in its 'statistical neighbours' (other local authorities that help to benchmark West Sussex performance and provide a guide as to whether it is above or below the level that might be expected).

Also in 2006-07 the number of social workers and care managers specifically for children per 10,000 population aged 0-17 was lower in West Sussex (14.0 WTE) than in England (16.9 WTE).<sup>77</sup> There is currently no benchmark figure for the number of social workers per population, but a higher rate is likely to be better than a lower rate as it will have a positive impact on capacity.

## 9.0 Basic statistics on looked after children in West Sussex

This section provides basic information on looked after children for which West Sussex County Council is the responsible authority. It has not been possible to gather data on looked after children who are placed in West Sussex but are under the responsibility of another local authority ('out of county' LAC), although it is estimated that the number of looked after children placed in West Sussex by other local authorities could match the number for West Sussex. However it is also highly likely that the demographic profile of LAC from 'out of county' is markedly different because of the placement of children and young people from diverse authorities e.g. London boroughs.

### 9.1 Number, age and sex

On the 31 March 2008 there were 769 children looked after by West Sussex County Council, an increase of 72 since 2004 (Table 9.1). Around 16% of looked after children are under the age of five, with just over a third under the age of ten. Just under half of looked after children are between ten and fifteen years old (43%).

**Table 9.1**  
**Age and sex breakdown of West Sussex looked after children**

Source: WSCC CYPS (data for 2005 not available)

Age group	AGE AT 31 MARCH								
	BOYS			GIRLS			ALL		
	2004	2007	2008	2004	2007	2008	2004	2007	2008
Under 1	11	16	17	13	12	21	24	28	38
1 - 4	40	55	54	31	38	42	71	93	96
5 - 9	67	67	57	50	70	52	117	137	109
10 - 15	194	184	196	134	122	138	328	306	334
16 - 17	95	99	107	62	69	85	157	168	192
18 & over	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>407</b>	<b>421</b>	<b>431</b>	<b>290</b>	<b>311</b>	<b>338</b>	<b>697</b>	<b>732</b>	<b>769</b>

### 9.2 Ethnicity

It is recognised that the ethnicity data is approximate and that, if anything, non-white categories are underreported. The 'White' category includes White British, White Irish and White Other. In the Census 2001 White British, White Irish and White Other made up 96.6% of the total population of West Sussex, compared with 88% for LAC in West Sussex in 2007/08 (Table 9.2). The ethnicity of looked after children in West Sussex differs from the general ethnicity of West Sussex due to the number of unaccompanied asylum seeking children (UASC) being looked after.

**Table 9.2**  
**Ethnicity of Looked After Children**

Source: WSCC CYPS

Ethnicity	2003/04		2006/07		2007/08	
	n	%	n	%	n	%
White	570	(82)	652	(89)	680	(88)
Mixed	27	(4)	21	(3)	19	(2)
Asian or Asian British	17	(2)	14	(2)	10	(1)
Black or Black British	76	(11)	33	(5)	39	(5)
Other ethnic groups	7	(1)	12	(2)	21	(3)
<b>TOTAL</b>	<b>697</b>	<b>(100)</b>	<b>732</b>	<b>(100)</b>	<b>769</b>	<b>(100)</b>

### 9.3 Legal status

Over half the children looked after by West Sussex County Council are on care orders (403), with the majority of the rest being accommodated under voluntary agreements with parents (331) (Table 9.3). If a child is subject to a care order, the local authority must accommodate them. In voluntary situations a range of services might be available to assist the families, only one of which is accommodating the child.

**Table 9.3**  
**Legal status of West Sussex looked after children**

Source: WSCC CYPS

Data not disclosed where relates to fewer than 5 children

Legal status	2003/04	2006/07	2007/08
Care Orders: Interim	92	120	131
Care Orders: Full	319	292	272
Voluntary agreements	264	289	331
Freed for adoption	18	10	-
Placement order	-	18	30
On remand, committed for trial, or detained	-	-	-
Emergency protection orders or police protection	-	-	-
TOTAL	697	732	769

### 9.4 Category of need

It is important to note that category of need is assessed at the point when the child starts to be looked after. For those children who have been looked after for some time their current needs may be different from when they first became looked after, and this is not captured in the data.

Table 9.4 shows the category of need for looked after children. It is based on a hierarchy system starting at category N1. If category N1 is not applicable then category N2 is considered, and so on.

**Table 9.4**  
**Category of need of West Sussex looked after children**

Source: WSCC CYPS

Category of need	2003/04	2006/07	2007/08
	%	%	%
Abuse or neglect (N1)	57	58	56
Disability (N2)	8	8	8
Parental illness or disability (N3)	6	4	4
Family in acute stress (N4)	4	6	6
Family dysfunction (N5)	5	9	9
Socially unacceptable behaviour (N6)	1	4	4
Low income (N7)	0	0	0
Absent parenting (N8)	18	11	13
TOTAL	100	100	100

Abuse and neglect is the category allocated to the highest proportion of children at this point of assessment (56% in 2007/08), although it is also the first category of need considered. Absent parenting is the reason for 13% (2007/08) of children being looked after, although this has been as high as 18% in 2003/04. This surprisingly large number is mainly due to all UASC being coded to this category.

## 9.5 Placement type

A large proportion of West Sussex looked after children are placed with foster carers (72% in 2007/08), with the majority placed inside the local authority (63%)(Table 9.5). Around one in ten looked after children are placed in children's homes, either inside or outside the local authority. The majority of UASC will be accommodated in hostels, which could explain why there is a relatively high number of looked after children in hostels and other supportive placements (34 in 2007/08).

**Table 9.5**  
**Placement of West Sussex looked after children**

Source: WSCC CYPs

Data not disclosed where relates to fewer than five children

Placement		2003/04		2006/07		2007/08	
		number	%	number	%	number	%
Foster placement	inside local authority	414	(59)	478	(65)	482	(63)
	outside local authority	66	(9)	58	(8)	67	(9)
Children's home	inside local authority	41	(6)	52	(7)	69	(9)
	outside local authority	30	(4)	26	(4)	28	(4)
Secure unit		-	(1)	-	(1)	-	(1)
Hostels and other supportive placements		40	(6)	19	(3)	34	(4)
Residential schools		6	(1)	11	(2)	12	(2)
Other residential settings		-	(0)	-	(0)	-	(0)
Placed for adoption (including placed with former foster carer)		36	(5)	35	(5)	25	(3)
Placed with own parents		50	(7)	35	(5)	33	(4)
In lodgings, residential employment or living independently		8	(1)	12	(2)	10	(1)
Absent from agreed placement		-	(0)	-	(0)	-	(0)
Other placement		0	(0)	0	(0)	0	(0)
TOTAL		697	(100)	732	(100)	769	(100)

## 10.0 Outcome indicators for LAC in West Sussex

Nationally there is a lack of data on the health and well-being of the most vulnerable children and young people, with standards and indicators for looked after children tending to focus on 'illness' rather than 'health'. However, the list of indicators in Box 10.1 can be used to measure levels of care for looked after children and to highlight areas of difference between looked after children and all children. Some of these indicators are collected nationally and published by the Department for Children, Schools and Families. This section presents data collected from 2000 to 2007 for each of these indicators. Caution should be taken when interpreting the data since fluctuations in performance can sometimes be due to small numbers or other technical issues related to measurement of the indicator. No single indicator should be considered in isolation or without appreciating that undetermined local circumstances may have affected the results or reporting of results.

### Box 10.1 List of possible outcome indicators for LAC

#### Education and skills indicators

1. Eligibility and performance of looked after children in Key Stage 1 tasks and tests
2. 5+ GCSEs A\*-C
3. At least 1 GCSE at grade A\*-G or GNVQ
4. Children who have statements of Special Educational Needs (SEN)
5. Missed 25 days of school
6. Exclusion from school
7. Personal Education Plans (PEPs)
8. Unemployment
9. Not in education, employment or training (NEET)

#### Health indicators

1. Annual health assessment
2. Have incomplete immunisations
3. Receive inadequate dental care
4. Changes in general practitioner
5. Looked after children should have designated medical adviser
6. Access to services (increased mobility results in fragmentation)
7. Alcohol use
8. Smoking
9. Substance misuse
10. Teenage pregnancy – sexual health services

#### Care service indicators

1. Age of child when taken in to care
2. Planned/unplanned entries into care
3. Numbers of unplanned placements
4. Recruitment and retention of foster carers (numbers, costs)
5. Numbers of children in accommodation
6. Length of stay in accommodation
7. Problems locally based children's homes are facing
8. Main reasons for family breakdown
9. Percentage of homeless people who have been in care

#### Crime

1. Cautioned by police or charged with a criminal offence

#### Other

1. Suffer from anxieties and difficulties in interpersonal relationships

## 10.1 Educational outcomes of looked after children

Table 10.1 shows the total number of looked after children in West Sussex for the years 2000 - 2007, plus the number of school age children. The number of looked-after children in Year 11 and old enough to sit GCSEs / GNVQs is also shown, along with the percentage that actually did so. As can be seen, there has been a rise in the number of looked after children in West Sussex taking GCSEs / GNVQs.

**Table 10.1**

**Number of children in West Sussex looked after for at least one year (year end 30<sup>th</sup> September)**

Source: DCSF

Year	Total (number)	School age (number)	In Year 11, old enough to sit GCSEs (number)	% who sat GCSEs
2000	475	397	43	58
2001	570	435	70	54
2002	550	500	65	54
2003	520	420	60	55
2004	505	415	70	59
2005	495	400	80	60
2006	510	390	70	69
2007	520	395	75	68

Figure 10.1 shows the percentage of looked after school-age children who have a statement of special educational needs (SEN). The proportion of looked after children in England who have a statement of SEN has remained constant in the years since 2000. The proportion of those in West Sussex which have a statement of SEN has fluctuated, but has always been higher than the national figure.

**Figure 10.1**

**Children looked after for at least 12 months with a statement of SEN, England and West Sussex**

Source: DCSF

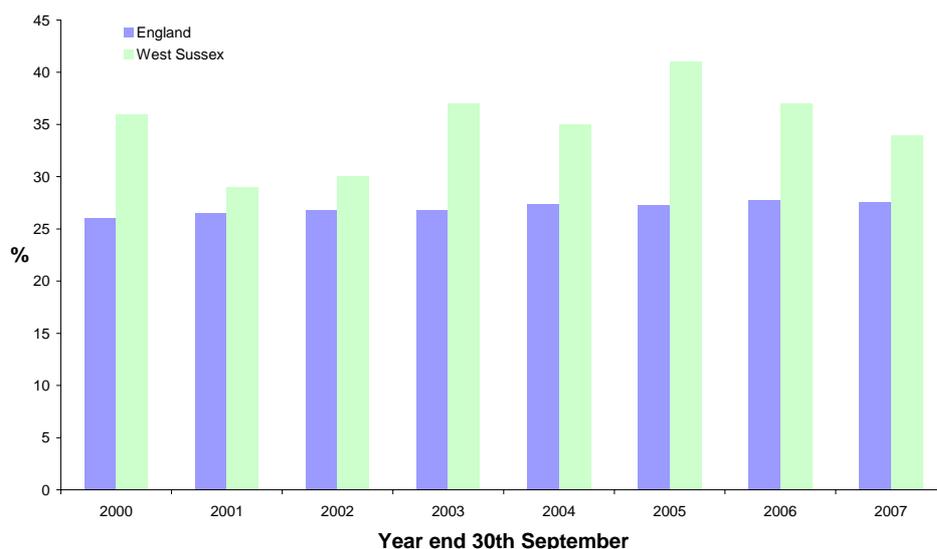
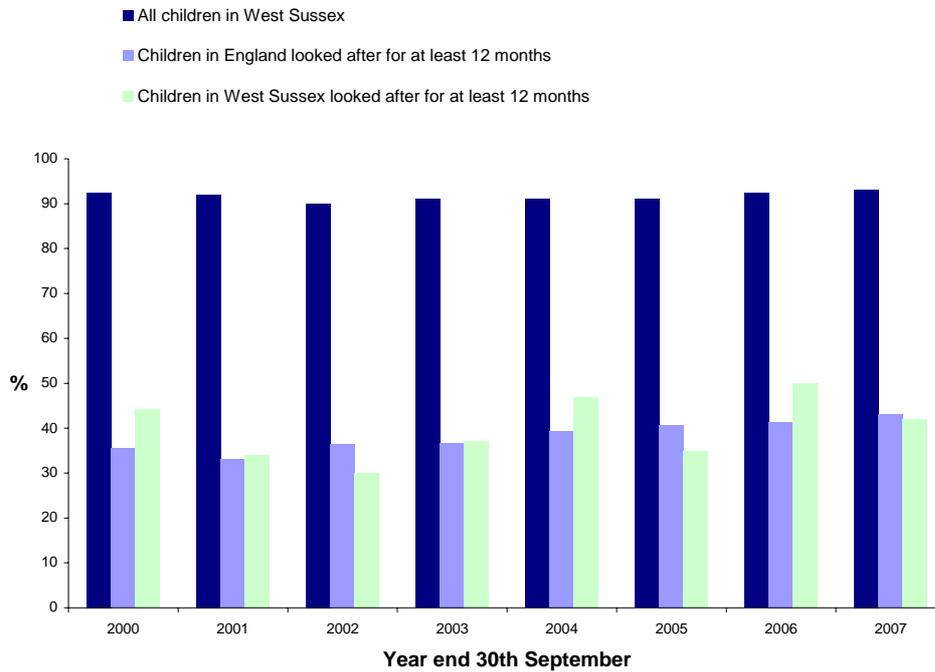


Figure 10.2 shows the educational attainment at GCSE level of all children in West Sussex, looked after children in West Sussex and looked after children in England. The proportion of looked after children in West Sussex obtaining at least five GCSEs at A\* to G grade is markedly lower than that of the equivalent population of all children in the county, often less than 50%.

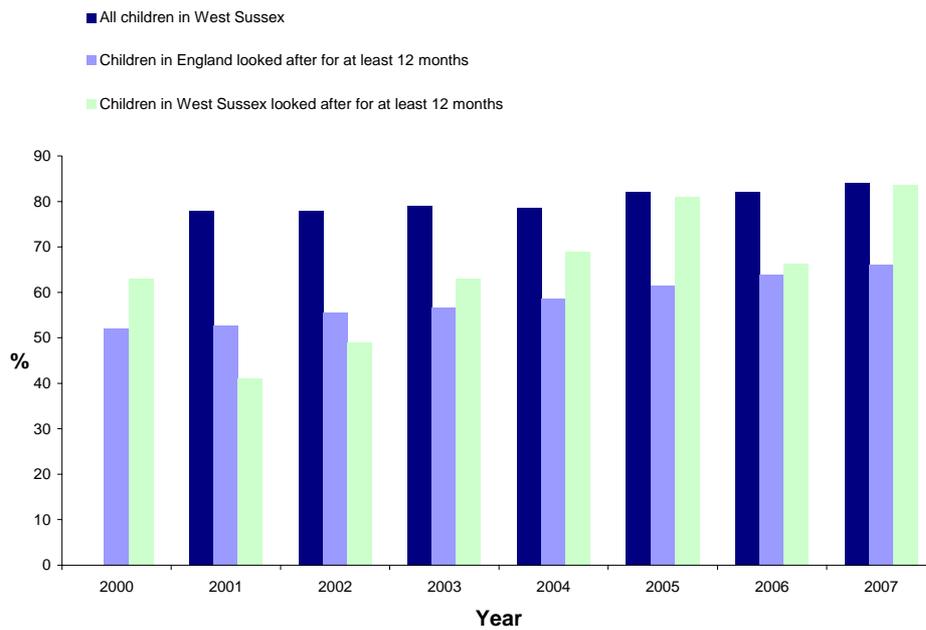
**Figure 10.2**  
**Children in Year 11 who sat GCSEs / GNVQs and who obtained five or more A\* to G grades**  
 Source: DCSF



There appears to have been a slight increase in the proportion of looked after children in England achieving five GCSEs at grade A\* to G (Figure 10.2). This trend cannot be discerned in the population of looked after children in West Sussex. However, it must be remembered that the proportion of looked after children in West Sussex with a statement of SEN is greater than that of the looked after population of England as a whole, and the proportion of looked after children in West Sussex sitting GCSEs has increased over this eight year period.

There has been a steady rise in the percentage of looked after children nationally who remain in full-time education, this is always below the percentage of all children in West Sussex who do so (Figure 10.3). Since 2001 there has been a marked rise in the percentage of looked after children in West Sussex who remain in further education, in two out of the past three years these rates have been comparable to those of all children in West Sussex.

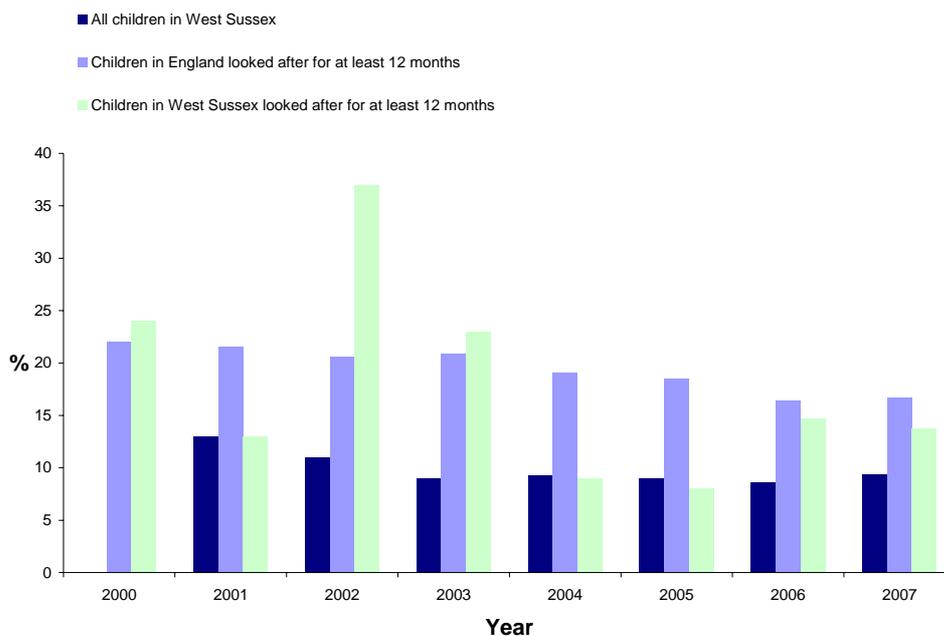
**Figure 10.3**  
**Children in previous year 11 in full-time education at 30th September**  
 Source: DCSF



## 10.2 Employment and training

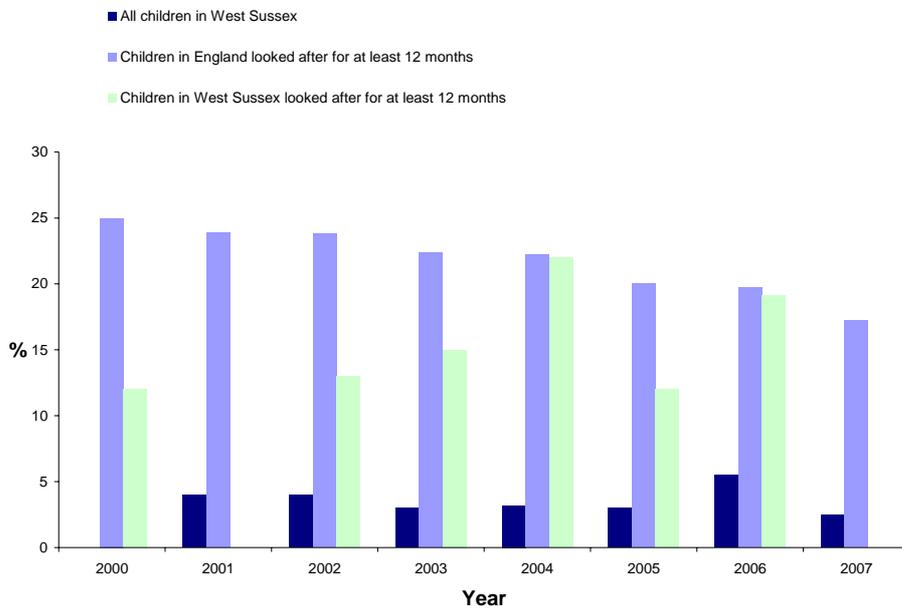
There has been a slight decrease in the percentage of national looked after children in employment or training, possibly reflecting the increased percentage who are staying in full-time education (Figure 10.4). For all years this percentage is above that of all children in West Sussex. The values for looked after children in West Sussex fluctuate widely. In some years these are comparable to those of all children, in others they are very much higher.

**Figure 10.4**  
**Children in previous year 11 in full/part-time employment or training at 30th September**  
 Source: DCSF



At a national level there has been slight decrease in the percentage of looked after children who are unemployed (Figure 10.5). For all years these percentages are higher than those of all children in West Sussex. The percentage of looked after children in West Sussex who are unemployed varies considerably or are not available, possibly due to the lower numbers involved.

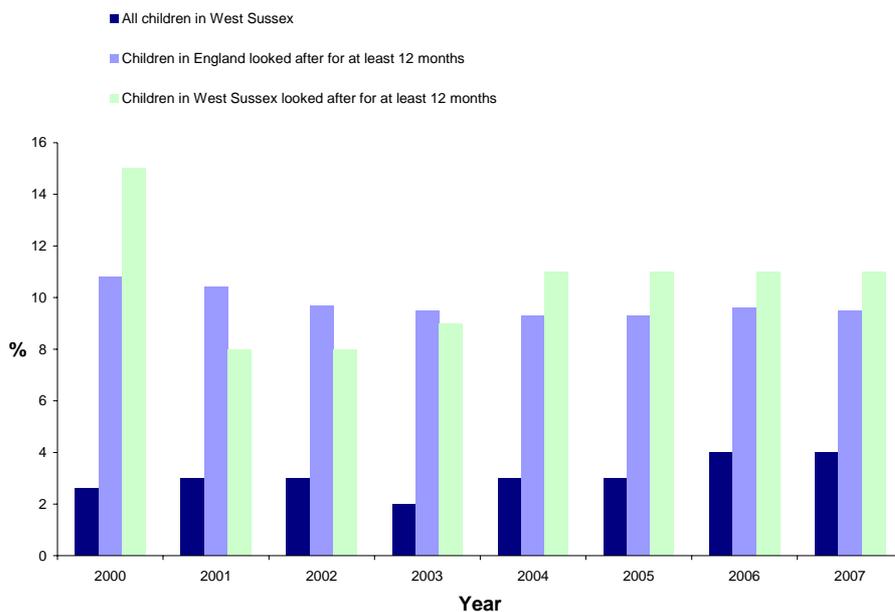
**Figure 10.5**  
**Children in previous year 11 unemployed at 30th September**  
 Source: DCSF



### 10.3 Offending

The offending rates for looked after children, both at national and local levels, are higher than for all children in West Sussex (Figure 10.6). The national level for offending by looked after children has remained fairly constant, but that of looked after children in West Sussex has been increasing since 2001, and since 2004 has been consistently above the national level.

**Figure 10.6**  
**Children convicted or subject to a final warning/reprimand during the year ending 30th September**  
 Source: DCSF



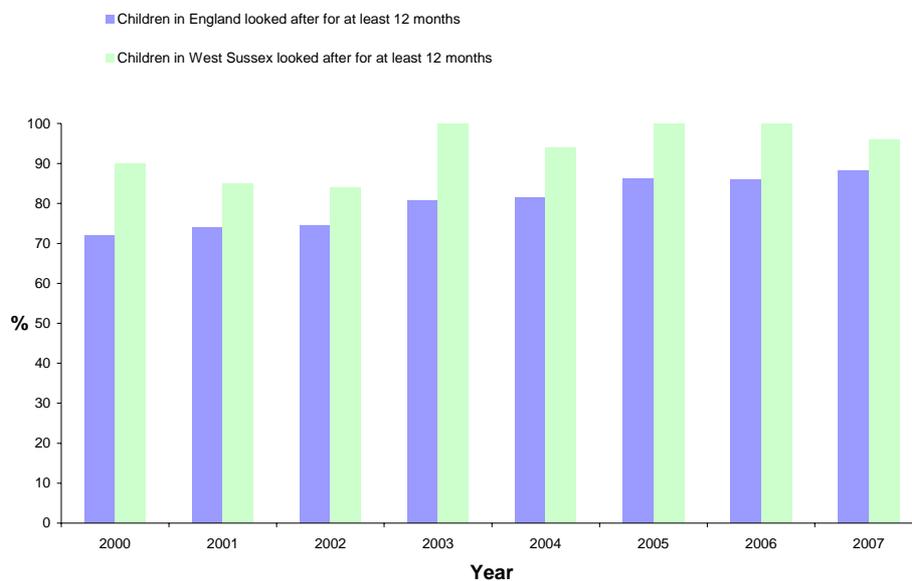
The West Sussex Youth Offending Service (YOS) has also provided data on the number of young people with whom their teams have worked in 2006 and 2007, although may also include 'out of county' LAC i.e. not looked after by West Sussex County Council. In 2006 the YOS worked with 1113 young people of whom 76 (6.8%) were looked after. Of these 76 looked after children 69 were accommodated by the local authority under Section 20 of the Children Act 1989, i.e. by agreement with, or at the request of, their parents – parents maintain full parental responsibility in these circumstances. In 2007 the YOS worked with 982 young people of whom 59 (6.0%) were LAC (with 54 accommodated under Section 20). The proportion of the West Sussex LAC population who are engaged with the YOS is far greater than the proportion of the general population of young people who are engaged with the YOS.

## 10.4 Development assessments

There has been a steady rise in the percentage of looked after children nationally whose development assessment was up-to date (Figure 10.7). The figure for West Sussex looked after children was consistently higher than the national, and reached 100% on a number of years.

**Figure 10.7**  
**Children whose development assessment was up-to-date at 30th September**

Source: DCSF

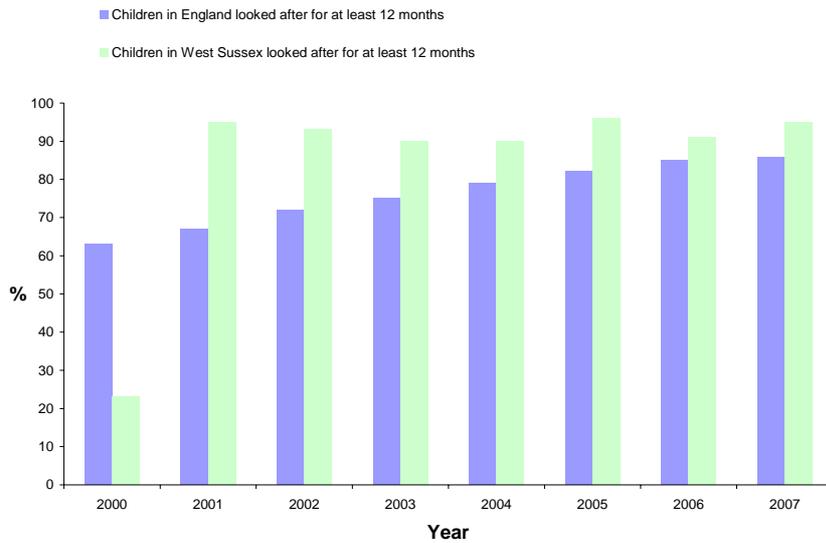


## 10.5 Health of looked after children

### 10.5.1 Dental check-ups

There has been a steady rise in the national rate of looked after children having dental check-ups (Figure 10.8). Apart from a very low level in 2000 the rate of dental check-ups for looked after children in West Sussex has been higher than that nationally, and has been consistently over 90%.

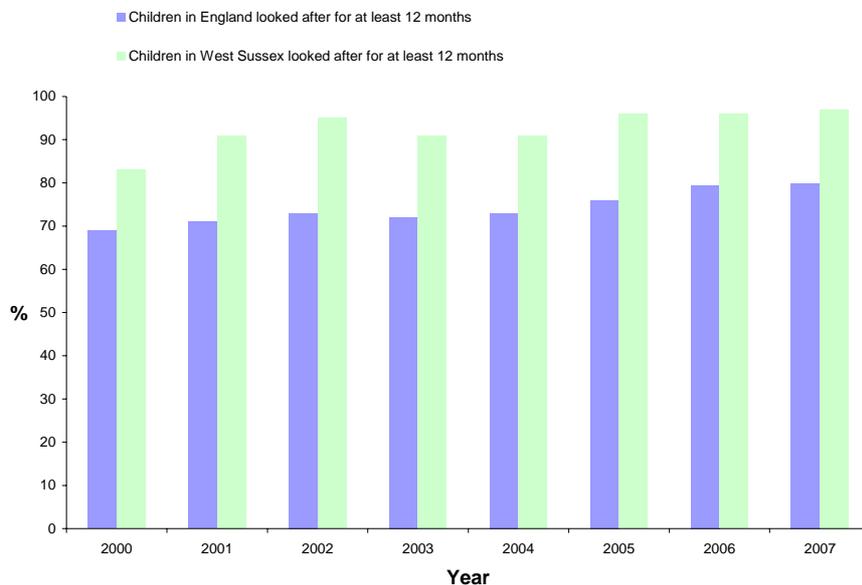
**Figure 10.8**  
**Children who had their teeth checked by a dentist in the 12 months ending 30th September**  
 Source: DCSF



### 10.5.2 Immunisation rates

There has been an increase in the percentage of looked after children nationally whose immunisations are up-to-date (Figure 10.9). For all years the percentage of looked after children in West Sussex whose immunisations were up-to-date were higher than the national average, and on four out of the eight years presented here exceeded 95%.

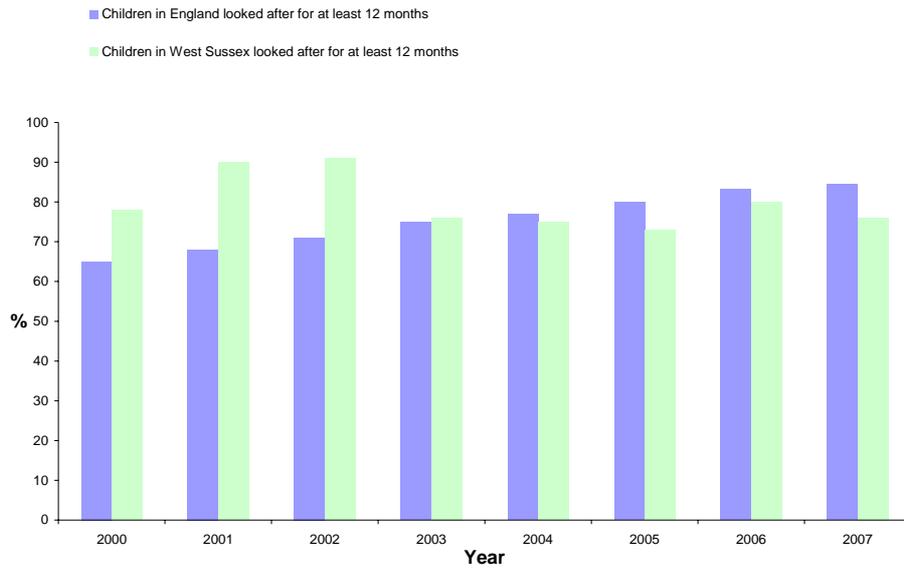
**Figure 10.9**  
**Children whose immunisations were up-to-date in the 12 months ending 30th September**  
 Source: DCSF



### 10.5.3 Annual health assessment

The percentage of looked after children nationally who have had annual health assessments increased steadily between 2000 and 2007 (Figure 10.10). However, this trend was not reflected in looked after children in West Sussex. Here the percentages who had annual health assessments were markedly higher in the earlier years, but have since fallen off and are now consistently below those of looked after children nationally.

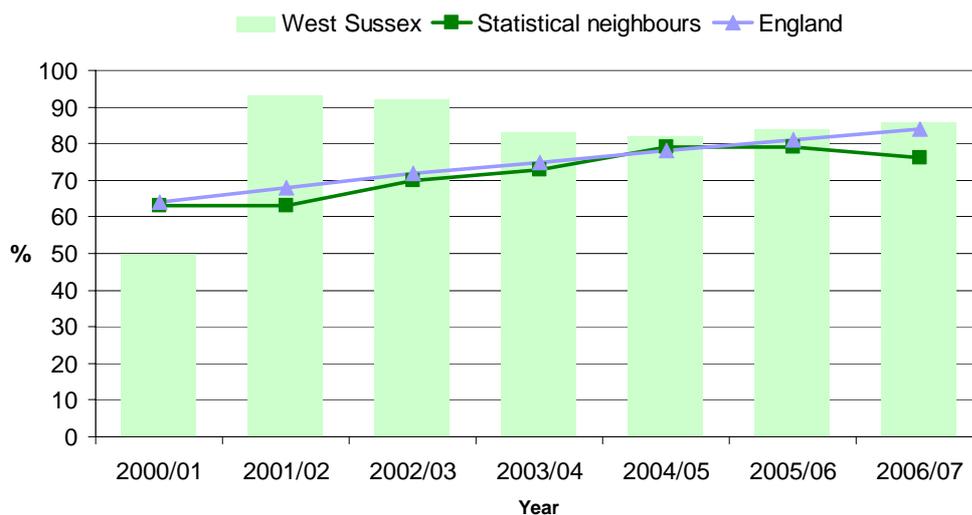
**Figure 10.10**  
**Children who had had their annual health assessment in the 12 months ending 30th September**  
 Source: DCSF



#### 10.5.4 Health of looked after children

For the years 2000 to 2006 Figure 10.11 combines the indicators for annual health assessments and dental checks to serve as a proxy for good overall health outcomes. Since 2001 the health of looked after children in West Sussex has been higher than its 'statistical neighbours' (other local authorities that help to benchmark West Sussex performance and provide a guide as to whether it is above or below the level that might be expected) and England. However, Figure 10.8 and 10.10 reveal that this is due the higher proportion of dental checks carried out rather than the proportion of annual health assessments completed.

**Figure 10.11**  
**Health of looked after children\***  
 Source: DCSF



\* The average of the percentages of children looked after who had been looked after continuously for at least 12 months, and who had their teeth checked by a dentist during the previous 12 months, and had an annual health assessment during the previous 12 months.

## 11.0 Lifestyles of 14-15 year old LAC in West Sussex

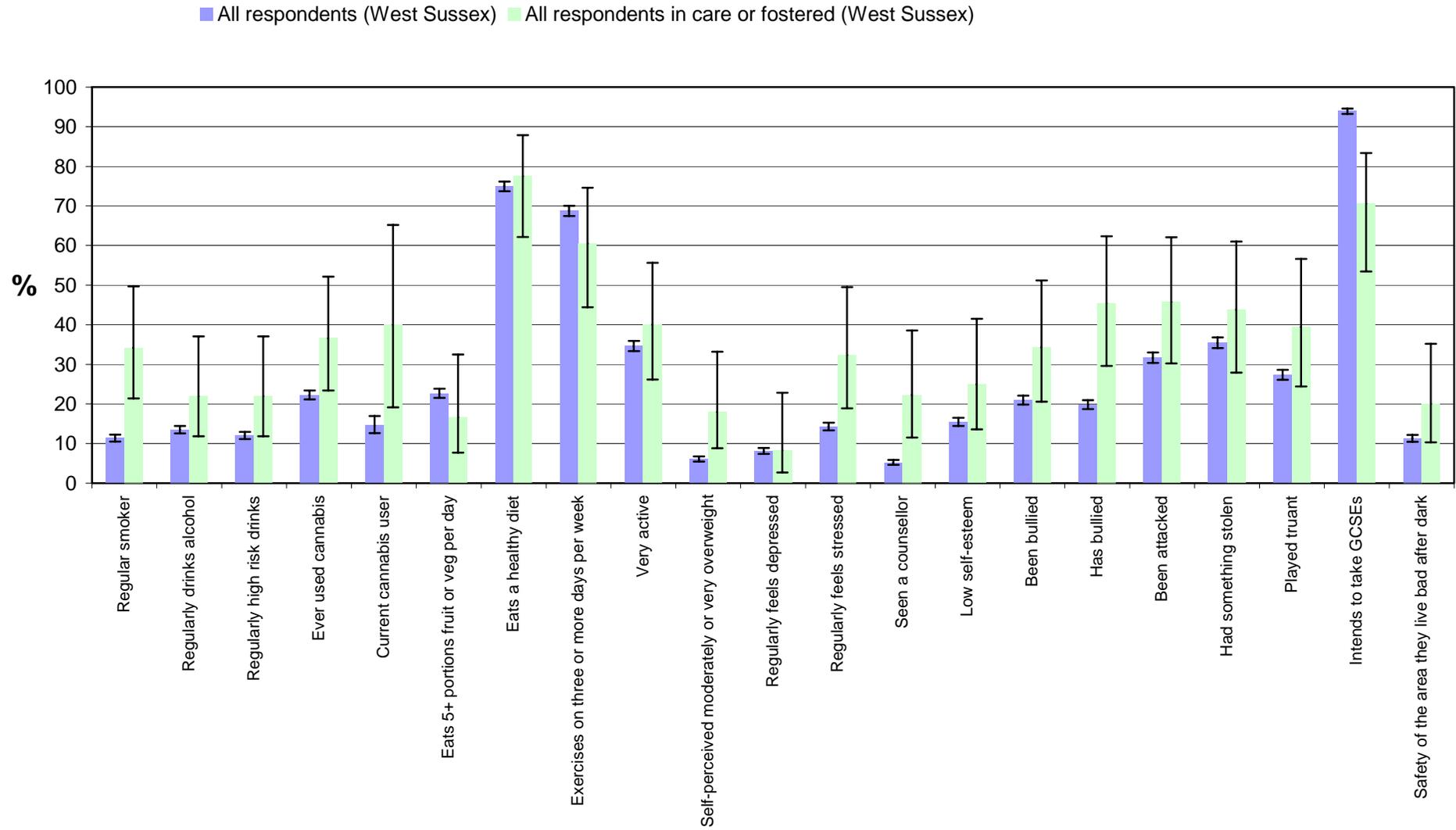
In 2007 West Sussex PCT published a lifestyle survey of 14-15 year olds attending 30 schools in West Sussex.<sup>78</sup> Of the 5292 pupils who completed the survey, which was carried out in 2006, six were in care and 36 were fostered. Figure 11.1 shows the percentage of pupils who reported various risk and resilience factors, comparing those who are in care or fostered and all other children. Since the number of those in care or fostered completing the survey was relatively small the error bars on the chart show the range within which the true value lies (with 95% confidence).

It is however possible to discern that those in care or fostered are more likely to engage in some risk factors than other respondents, for example: regular smoking, current cannabis use, and regularly feeling stressed. Those in care or fostered were also less likely to intend to take GCSEs, more likely to have bullied someone and more likely to have seen a counsellor than other respondents. The survey is to be repeated in 2009.

Figure 11.1

Lifestyle survey of 14 and 15-year-olds in West Sussex - findings for all respondents and for young people living in care or fostered, 2006

Source: West Sussex Public Health Observatory



## 12.0 Methods

### 12.1 Needs assessment working group

This needs assessment was led by the West Sussex Public Health Observatory. The initial stage of the needs assessment was to establish a multi-agency working group to guide the process (see Appendix G for a list of members).

The purpose of the working group was to:

1. Define the population to be assessed
2. Provide a rationale for the assessment and delineate its boundaries
3. Identify who should be involved and how
  - i. Identify key stakeholders
  - ii. Identify key informants
4. Identify resources required
5. Set aims and objectives
6. Identify relevant information that is already available about vulnerable children and young people
7. Identify a team to undertake the assessment
8. Agree timescales and project planning arrangements
9. Discuss access to the population
10. Discuss access to data
11. Review methods and topics to be explored in interviews and focus groups
12. Identify any barriers, risks or threats

### 12.2 Components of the needs assessment

As far as possible when collecting and analysing the data for the needs assessment a method of triangulation has been adopted. By assembling data from a range of sources it is more likely that any similar emerging themes or results will be reasonably robust. If the themes do not agree it is then possible to consider which factors have affected the results. It is acknowledged that the information collected is subject to bias, whether because of incompleteness, use of varied definitions or interpretation by those carrying out the needs assessment. However, through triangulation the following elements of any specific concern may be considered:

1. Incidence or prevalence
2. Effectiveness and cost-effectiveness of any intervention that could provide a solution
3. Assessment of existing services

Consequently this needs assessment has consisted of:

- Literature search and evidence review (Section 3, 4 and 5)
- Collection of relevant West Sussex strategies, reports, evaluations and service reviews (Section 7)
- Analysis of available epidemiological data on vulnerable and looked after children (Sections 8, 9, 10 and 11)
- Interviews and focus groups with professionals (including foster carers) (Section 13)
- Focus groups with children and young people (Section 13)

### 12.3 Interviews and focus groups

The main method of data collection was through interviews and focus groups with key informants. A standard questionnaire for use when interviewing professionals, who either work directly with vulnerable and looked after children or are responsible for services provided, was developed by the partnership working group (Appendix H). This method was used to explore the normative and corporate perspective of the needs of looked after children.

Key informants were selected by working group members and additional informants were identified fluidly throughout the process. Informants were contacted, invited to take part in an interview and provided with an explanatory information sheet (Appendix I). A number of pilot interviews were carried out to allow for

amendments to be made to the standard interview questionnaire. Most interviews lasted between 45 minutes and an hour. Interviews commenced in December 2007 and were completed in May 2008.

Focus groups were also held with select key groups of professionals so that the issues involved could be debated in greater depth. The focus group discussions were audio recorded and transcribed following agreement from participants.

Focus groups with young people were held between March and May 2008. They were facilitated by members of the public health team at West Sussex PCT. Staff from other agencies providing advocacy and/or positive participation of young people in service development were asked to assist with the facilitation of focus groups as necessary. This method was used to explore the expressed needs of children and young people.

Focus groups with young people were arranged through working group member contacts and links developed following key informant interviews. The topics covered during the focus groups were developed after analysis of the themes arising from interviews with key informants and input from the working group. It was agreed that focus groups would be held with a range of different young people. For the focus groups with looked after children and care leavers it was agreed that general questions around the 'good' and 'bad' things about being in care would be explored. In addition the working group agreed the following requirements for the holding of focus groups:

- A request for a young person to be involved in a focus group would be made with sufficient notice
- The date and time would be young people friendly (not in school time unless specifically agreed with the school)
- Any special needs would be considered
- Remuneration of travel costs for participants would be made, if appropriate
- Payment for attendance of focus groups would be avoided to ensure a consistent approach
- Issues around consent, confidentiality, anonymity and disclosure would be made clear to participants
- Discussions would only be audio recorded and transcribed when all participants agreed to this
- Only basic demographic information about participants would be collected
- Facilitators running the groups would have completed appropriate training and have had an enhanced CRB check.

### **12.3 Data analysis**

Three members of the team carrying out the needs assessment independently analysed the data collected to identify the initial themes arising from the first 28 interviews with professionals. Analysis of structured interview responses and focus group transcripts was completed using spreadsheet, word processing and computer assisted qualitative data analysis software. Coding of categories and themes was undertaken progressively as more data were collected. The themes identified independently matched one another to a high degree, and through discussion these themes were then consolidated to form a set of key emerging themes. The key themes were subsequently validated through consultation with the working group and key informants.

Following the completion of all interviews and focus groups the themes were updated and additional elements were included. The final draft set of themes from interviews and focus groups with professionals was also presented to the working group for comment. A set of themes from focus groups with young people was also created following a similar process.

## 13.0 Findings

### 13.1 Interviews and focus groups with key informants / professionals

A total of 78 professionals were formally consulted during the needs assessment. Fifty-two one-to-one interviews took place and five focus groups with professionals. Twenty-one participants were strategic or managerial staff and 57 were frontline staff. A full list of participants' job roles is provided in Appendix J.

The focus groups held were with a range of professionals:

- Looked after children specialist nurses (4 participants)
- Crawley Children's Centre staff and partners (6 participants including health visitors, speech and language therapists, family outreach coordinator and members of the BASE Project and Home Start)
- West Sussex Connexions intensive support personal advisers (6 participants)
- Foster carers (6 participants)
- Social workers from the integrated services team in Chichester (4 participants)

**Table 13.1**  
**Number of key informants from each organisation type**

Social care	21
Health	19
Education	10
Youth service	9
Voluntary sector	6
Community safety	4
Housing	4
Health and social care	2
Independent children's home	2
Health, social care and education	1
<b>TOTAL</b>	<b>78</b>

Table 13.2 presents a summary of the responses given when key informants were asked the following questions:

- (1) Thinking about the range of services delivered in West Sussex that impact on vulnerable children and young people: What three things are working well and why?
- (2) What three things need to be improved so that support is tailored to better meet the needs of individual children and young people? And how might this be achieved?

The results are presented in rank order. The top three aspects of service provision that are considered to be working well are also the top three that are considered to need improvement. The suggested solutions to the identified areas of improvement required are presented in Table 13.3 and solutions that match young people's priorities (Section 13.3) are also highlighted. Further details on each identified area and the possible solutions to achieving service improvement are explored in Section 13.2, where the themes arising from all questions posed to key informants during the needs assessment are presented.

Table 13.2

Considered to be WORKING WELL		Considered to NEED IMPROVEMENT
<p><b>Coordinated approaches to preventative work:</b></p> <ul style="list-style-type: none"> <li>• The concept of integrated services (and JAT)</li> <li>• CAF</li> <li>• BHLP</li> <li>• LAA</li> </ul> <p><b>CAMHS:</b></p> <ul style="list-style-type: none"> <li>• 'Good' when the service can be accessed</li> <li>• CAMHS LAAC team</li> </ul> <p><b>Education:</b></p> <ul style="list-style-type: none"> <li>• Primary education</li> <li>• Involved in planning and delivery</li> <li>• Pastoral support and counselling in schools</li> <li>• Educational programmes and work-related learning available for 14-19 year olds</li> </ul> <p><b>Connexions and Information Shops</b></p> <p><b>LAC nurses</b></p> <p><b>Youth offending service</b></p> <p><b>Support for looked after learners team</b></p> <p><b>Voluntary youth provision</b></p> <p><b>Children and family centres and early years provision</b></p> <p><b>Partnerships and social care:</b></p> <ul style="list-style-type: none"> <li>• Independent reviewing service</li> <li>• 'Team around the child' meetings</li> <li>• Case conferencing</li> </ul> <p><b>Housing support:</b></p> <ul style="list-style-type: none"> <li>• The Foyer</li> <li>• Services for the homeless</li> </ul> <p><b>Substance misuse services</b></p> <p><b>Health visiting service</b></p> <p><b>Other aspects that were considered to be working well:</b></p> <ul style="list-style-type: none"> <li>• Pupil Referral Units</li> <li>• Family link workers</li> <li>• Police support and PCSOs</li> <li>• Support for children affected by domestic violence</li> <li>• The Children's Fund and associated interventions</li> <li>• A private fostering agency</li> <li>• Support packages provided for children in refuges/women's aid in West Sussex</li> <li>• A residential home's identification of children's needs</li> <li>• A community paediatrician's work in special schools</li> <li>• The fostering service and the family placement team</li> <li>• Progress made on data on children in care</li> <li>• The 'In control' budget</li> <li>• West Sussex Care Training Consortium</li> </ul>	<p><b>MOST RESPONSES</b></p>  <p><b>LEAST RESPONSES</b></p>	<p><b>CAMHS:</b></p> <ul style="list-style-type: none"> <li>• Access</li> <li>• Resources</li> <li>• Number of clinicians</li> <li>• CAMHS commissioning</li> </ul> <p><b>Communication, information sharing and partnerships:</b></p> <ul style="list-style-type: none"> <li>• Understanding of roles</li> <li>• Coordination between health and social care</li> <li>• Identifying vulnerable children</li> </ul> <p><b>Education:</b></p> <ul style="list-style-type: none"> <li>• 'Unnecessary' school exclusions</li> <li>• Access to schools for other professionals</li> <li>• Schools getting involvement from local authority services in cases other than the 'most serious'</li> <li>• Access to mainstream schools for 'difficult' children.</li> <li>• Timely school placements for LAC</li> <li>• Funding allocation for schools with a higher proportion of vulnerable children</li> <li>• Access to support for learning difficulties</li> </ul> <p><b>Children and young people's social services:</b></p> <ul style="list-style-type: none"> <li>• Leaving care team</li> <li>• Transition from CYPs to Adult's services</li> <li>• Support for social workers</li> <li>• Perceived fear of intervention by social services</li> <li>• Too many short term placements for LAC</li> <li>• High threshold of assessment of children at risk</li> </ul> <p><b>Health:</b></p> <ul style="list-style-type: none"> <li>• Staff morale due to reorganisation</li> <li>• Health links with schools</li> <li>• Health visitors 'doing less frontline work and more management'</li> <li>• GP access for LAC</li> </ul> <p><b>Access to services for families and young people</b></p> <p><b>Capacity for early intervention in all agencies</b></p> <p><b>Common policies, processes and performance management</b></p> <p><b>Families taking more responsibility</b></p> <p><b>Support for children with learning disabilities</b></p> <p><b>Access to housing and accommodation</b></p> <p><b>CAFCASS and the youth courts</b></p> <p><b>Other aspects considered to need improving:</b></p> <ul style="list-style-type: none"> <li>• Youth service</li> <li>• Funding</li> <li>• Youth offending service</li> <li>• Access to services around alcohol, substance misuse and sexual health</li> <li>• Training</li> </ul>

Table 13.3	Considered to NEED IMPROVEMENT	Suggested SOLUTIONS
<p><b>MOST RESPONSES</b></p>  <p><b>LEAST RESPONSES</b></p>	<p><b>CAMHS:</b></p> <ul style="list-style-type: none"> <li>• Access</li> <li>• Resources</li> <li>• Number of clinicians</li> <li>• CAMHS commissioning</li> </ul>	<ol style="list-style-type: none"> <li>1. Additional strategic investment in CAMHS</li> <li>2. CAMHS reporting to just one commissioning board</li> <li>3. Increase the number of CAMHS clinicians to nationally recommended levels</li> <li>4. Prioritise those most in need</li> <li>5. Design services to suit young people and reduce stigma around mental health</li> <li>6. Increase prevention work and earlier identification of mental health problems (<i>also Young People priority</i>)</li> </ol>
	<p><b>Communication, information sharing and partnerships:</b></p> <ul style="list-style-type: none"> <li>• Understanding of roles</li> <li>• Coordination between health and social care</li> <li>• Identifying vulnerable children</li> </ul>	<ol style="list-style-type: none"> <li>7. Better communication about integrated services</li> <li>8. Increase the profile of services e.g. Information Shops</li> <li>9. Eradicate culture of defensiveness</li> <li>10. Develop joint health and local authority child and LAC data systems</li> </ol>
	<p><b>Education:</b></p> <ul style="list-style-type: none"> <li>• 'Unnecessary' school exclusions</li> <li>• Access to schools for other professionals</li> <li>• Schools getting involvement from local authority services in cases other than the 'most serious'</li> <li>• Access to mainstream schools for 'difficult' children.</li> <li>• Timely school placements for LAC</li> <li>• Funding allocation for schools with a higher proportion of vulnerable children</li> <li>• Access to support for learning difficulties</li> </ul>	<ol style="list-style-type: none"> <li>11. Local authority to emphasise schools' responsibilities with 'difficult children'</li> <li>12. Strengthen the role of the designated LAC teacher</li> <li>13. Provide joint training on attachment disorders to teachers and social care staff</li> <li>14. Improve relations between local authority education departments</li> <li>15. Provide alternative educational opportunities or work-related learning for disaffected young people (<i>also YP priority</i>)</li> <li>16. Re-visit schools' funding formula to take greater account of deprivation</li> </ol>
	<p><b>Children and young people's social services:</b></p> <ul style="list-style-type: none"> <li>• Leaving care team</li> <li>• Transition from CYPs to Adult's services</li> <li>• Support for social workers</li> <li>• Perceived fear of intervention by social services</li> <li>• Too many short term placements for LAC</li> <li>• High threshold of assessment of children at risk</li> </ul>	<ol style="list-style-type: none"> <li>17. Greater clarity of social service staff roles and responsibilities</li> <li>18. Greater availability of social workers</li> <li>19. Promote the positive support social services can provide to families</li> <li>20. Recruit more foster carers for permanent LAC placements</li> <li>21. Increase capacity so that safeguarding children assessment teams assess not only the most high risk children. Ensure seamless integration of services.</li> <li>22. Improve independence schemes for care leavers (<i>also YP priority</i>)</li> </ol>
	<p><b>Health:</b></p> <ul style="list-style-type: none"> <li>• Staff morale due to reorganisation</li> <li>• Health links with schools</li> <li>• Health visitors 'doing less frontline work and more management'</li> <li>• GP access for LAC</li> </ul>	<ol style="list-style-type: none"> <li>23. More imaginative health promotion outreach with schools</li> <li>24. Clarification on the role of health visitors and school nurses</li> <li>25. Ensure linked health visitors are in place where necessary</li> <li>26. Ensure access to primary care by designating a number of 'LAC friendly' general practices</li> </ol>
	<p><b>Access to services for families and young people</b></p>	<ol style="list-style-type: none"> <li>27. Provide low level continuous support to avoid crisis</li> <li>28. A more accessible 'front door' and services available at point of 'diagnosis'</li> <li>29. Reduce stigma surrounding attendance of parenting programmes</li> </ol>
	<p><b>Capacity for early intervention in all agencies</b></p>	<ol style="list-style-type: none"> <li>30. Take a long term view and acknowledge when crisis intervention compromises prevention</li> </ol>
	<p><b>Common policies, processes and performance management</b></p>	<ol style="list-style-type: none"> <li>31. Clearer communication of countywide policies in CYPs</li> <li>32. Social worker benchmarking to ensure common thresholds in different localities</li> <li>33. Evaluation, service level agreements and creative commissioning</li> </ol>
	<p><b>Families taking more responsibility</b></p>	<ol style="list-style-type: none"> <li>34. Provide parenting education and support</li> <li>35. Making clear to families that sometimes it is best to accept that there may be a problem</li> </ol>
	<p><b>Support for children with learning disabilities</b></p>	<ol style="list-style-type: none"> <li>36. Ensure there is an adequate care pathway (CAMHS)</li> </ol>
	<p><b>Access to housing and accommodation</b></p>	<ol style="list-style-type: none"> <li>37. Widen the referral criteria for the Foyer</li> <li>38. Ensure sufficient resources to support families on the verge of crisis</li> <li>39. Improve the quality of bail addresses for offending LAC leaving custody</li> </ol>
	<p><b>CAFCASS and the youth courts</b></p>	<ol style="list-style-type: none"> <li>40. Provide training to enhance participatory practice</li> <li>41. Hearings held in public and senior CYPs officers present</li> </ol>
	<p><b>Other aspects considered to need improving:</b></p> <ul style="list-style-type: none"> <li>• Youth service</li> </ul>	<ol style="list-style-type: none"> <li>42. Provision of more activities during school holidays and greater response to need. Involving young people more in development of activities (<i>also YP priority</i>)</li> </ol>
	<p>-----</p> <ul style="list-style-type: none"> <li>• Funding</li> </ul>	<ol style="list-style-type: none"> <li>43. Increase long term funding</li> </ol>
<ul style="list-style-type: none"> <li>• Youth offending service</li> </ul>	<ol style="list-style-type: none"> <li>44. Increase prevention work and reduce bureaucracy</li> </ol>	
<ul style="list-style-type: none"> <li>• Access to services around alcohol, substance misuse and sexual health</li> </ul>	<ol style="list-style-type: none"> <li>45. Youth work and outreach tailored to the YP's needs</li> <li>46. Social services adopt substance misuse screening tool</li> </ol>	
<ul style="list-style-type: none"> <li>• Training</li> </ul>	<ol style="list-style-type: none"> <li>47. Encourage professionals to attend training</li> <li>48. Improve education programmes, supervision and support for foster carers</li> </ol>	

## 13.2 Themes from interviews with key informants (KI) / professionals

### KI THEME 1: PARTNERSHIP WORKING, INFORMATION SHARING AND COMMUNICATION

Partnership working was cited by many professionals as the key factor in the ability to provide high quality services for vulnerable children and young people. Coordinated approaches to preventative work and the introduction of initiatives which have backing from central government, such as the **Common Assessment Framework (CAF)**, were thought of as having great potential. Models such as the 'team around the child', where a range of different practitioners come together to help and support an individual child, were highlighted as effectively facilitating the process of partnership working.

*'Team around the child' meetings have been very useful in promoting joint work across agencies. The creation of the Children's Trust and the use of the Common Assessment Framework (CAF) have also been helpful although these are still in their infancy. It has been hard to get a joined-up way of thinking until we have been told to do so from 'on high'. [Health, frontline]*

This optimism is based on the expectation that processes of joint working will increasingly be able to emphasise the needs of the child rather than the requirements of each organisation or professional. There was some concern that with the increasing levels of communication between organisations there would be a risk of disclosing certain details to third parties, which might cause unnecessary distress to young people:

*Increased **information sharing** is a good move, though young people may not want all their details on a form and shared with everyone. [Health, strategic]*

*It's about summarising the information we get and not sharing confidential health information if we don't need to – because there might be something that we can deal with that doesn't have to go to a wider meeting... [Health, frontline]*

Despite the high level of recognition of the potential for improvement through partnerships, there was equally an awareness of the barriers caused by a lack of understanding of roles, failure to communicate the identification of vulnerable children to all relevant agencies, and insufficient coordination between health and social care. The level of **effective communication**, both within and between organisations, was seen as a significant compromise to the delivery of services genuinely driven by individuals' and community needs.

*There is no centralised place to get this information... [Housing, frontline]*

*Everyone has their statistics but no one shares – it's hard to know the whole picture. It would be good to agree on, say, three priorities and all work on them – working together to make a difference. We're currently all working in isolation with the best of intentions. [Education, managerial]*

Specific difficulties arise in some cases where a lack of information sharing can result in the failure to carry out statutory duties, such as the completion of a LAC health review.

*...we don't always know when a child is in care. We should be providing a better standard according to Every Child Matters, the NSF and other national guidance. [Health, frontline]*

It is often the good relationships between certain practitioners which allow for conditions where information is shared consistently and appropriately. Where communication with another service is considered to be problematical, for whatever reason, it is also often considered to be difficult to get support from this service when needed.

*Managers know each other. It's about getting teachers talking to doctors talking to others... People's idea of the roles is different, so there needs to be joint training. [Voluntary, frontline]*

Suggested methods of improving communication between and within organisations included greater awareness of roles, increasing the profile of certain services (e.g. Information Shops), eradicating the culture of defensiveness between areas of work, transparent referral processes, and developing joint health and local authority child and LAC data systems. Despite the expressed need from professionals for a unique, accessible, **integrated database**, scepticism still exists about the usability and usefulness of such IT systems, including the forthcoming 'ContactPoint' database. It was suggested that local systems already in use, such as the Child

Health System, could be adapted to provide professionals with basic and up to date information on current addresses (placements for LAC), school locations, and health assessments.

### KI 1a: Organisational change

Although organisational change was largely seen as a necessary and beneficial course of action in the long term, the short term effects have created a fair level of concern among respondents working in frontline roles. A feeling was expressed that restructuring in both health and social services had affected staff morale and some areas of service provision.

*I think we sustained so many changes all in one go, we went from restructuring, to eRIC [a new social services computer system], to... it sounds so simple but [the introduction of a single] contact centre... I mean to communicate to anyone was an absolute nightmare. [Social care, frontline]*

Many frontline staff felt that administration, although important, was taking up too much of their time and meant that there was limited potential to carry out the depth of direct work required with individual children and families. Administrative staff were not the focus of reorganisation but it was felt that increased administrative capacity would help social workers to do their jobs. The principal concern around reorganisation was that means of communication had broken down between and within agencies due to the number of changes that were happening simultaneously – in health and in social care services.

*Because of the reconfiguration – which could actually be a good thing in the end – everything is changing and shifting. I don't know who the teams are anymore. Children don't know who their social worker is. Foster carers don't know who their social worker is. You speak to a social worker and they can't agree to sort out the problems with you because they don't know if they are assigned to or will be assigned to a particular child. The reorganisation seems as though it is the staff 'being done to' and staff anxiety is not being contained... we then get the backlash from social workers. [Health, frontline]*

The reorganisation also limited the ability of managers and commissioners to achieve specific pieces of work, such as the introduction of a screening tool, which had to be delayed as a result. Others felt that existing structures were too complex and hindered progress, such as the different commissioning groups that need to be engaged for tier 1 & 2 health issues and tier 3 & 4 health issues.

Another aspect relating to organisational change mentioned was the importance of recruiting those with appropriate skills to specific roles; having the '**right people in the right places**'. The damage done by employing the wrong people in certain jobs was emphasised, as was the importance of maintaining good communication with the key professionals who are able to 'get things done' for young people. A transient workforce coupled with the difficulty to recruit staff, was said to impact on service delivery. Professionals affected by this were aware of the reasons, but it was said to be difficult for parents and families to appreciate the pressures involved in recruiting, retaining and training social work staff, including the extra effort needed when receiving newly qualified staff.

*Knowledge is lost when people move on and the profile of an organisation is lost... [in the future] integrated services should help stop this happening. [Social care, managerial]*

Coupled with the concept of insufficient organisational 'memory' is the complexity of organisational structures, boards, partnerships and groups that must be consulted when attempting to manage a change or service redesign. It was said that the structures could sometimes be too complicated for managers and commissioners to navigate effectively in order to achieve their goals.

### KI 1b: Integrated services

*There is a lack of coordination across agencies. People work hard but are not as coordinated as they could be – it's the job of ISDAs to bring this together. Hopefully this will change now. [Social care, managerial]*

The ISDA model was generally seen to be a positive development and a possible new way of achieving effective partnership working. The logic behind professionals from different organisations being **co-located**, sharing

office space, or providing **'in-reach' services** to a centralised hub was seen to be indisputable. It would create spaces where practitioners from different sectors would be able to discuss the issues of a particular case, avoid duplication of efforts and provide a more seamless service to the family and young person.

*...we find it difficult sometimes to have built those proper links but now the ISDAs are in place it'll be interesting to see. I think that's worked with the Hub in Littlehampton... I mean if you've got an office with a social worker and a family resource worker, and a connexions PA... and an education welfare officer, in the same premises, without a doubt you share your skills you talk to each other and you might mention a young person and someone else will be "oh yeah, I know that family, I've been working them" so it's definitely helped. [Youth service – frontline]*

There is a great expectation for integrated services to provide benefits, especially around communication and **information sharing**. Some informants noted that partnership working was certainly not a new thing and that there were already existing areas of good practice where professionals would work together very well. However there was an acceptance that this would be reliant on the particular professionals involved:

*"...sometimes you work with professionals, don't you, and you'll work really well – prior to all this 'ISDA' – and you'll get a couple of health visitors who will be on the ball and you'll do joint visits and together you're very effective. But I don't think the ISDA will change that, I think it's in the nature of that social worker." [Social care, frontline]*

There was also the argument that although networking effectively was often dependent on individuals' characteristics, the formalised structure of the integrated services would be able to facilitate stronger partnerships. Furthermore integrated services would reinforce the expectation that cooperation and communication with others is necessary. An added benefit of the integrated services approach was seen to be that better coordination would help avoid children and young people in different areas having access to wildly different services or levels of services.

The philosophy of integrated preventative services in the form of integrated services and children's centres was very much supported by nearly all informants. However, one informant remarked that the current 'zeitgeist' to provide support through children's centres and integrated services would not always provide the solution for neglected children where there are greater risks of harm. In the long term vulnerable children and families would benefit from the additional preventative services available, however the approach was not seen as being able to protect neglected children sufficiently in the short term.

*Too many things are acceptable e.g. when pregnant abusing [the unborn child] with drugs and alcohol. [Social care, managerial]*

Above all the need for **better understanding of integrated services** was expressed, along with the importance of maintaining realistic expectations at each stage of their development. Effective communication of developments from senior management through various media was suggested as a means of raising awareness and understanding of integrated services as well as facilitating practical implementation of the integrated services approach.

### **KI 1c: Restrictive policies and practices**

Frustration over the inability to act in the best interests of children and young people because of restrictive policies or practices was a consistent theme throughout the interviews. Some examples of ways of working which are either bound by guidelines and policies, or are common practice, and which were seen by various informants to be to the detriment of children and young people are listed below.

1. Current policies are all about what the professional must do, not about young people. Policies need to also **reflect young people's responsibilities**. [Education, frontline]
2. If something needs to be done for a child but is not in a particular professional's job description it often does not get done. Passing actions on to the appropriate people would stop identified needs reaching deadlock. [Housing, frontline]

3. Delays in HR processes do not optimise managers' potential for autonomy e.g. if there is time-restricted funding for a temporary post it can be difficult to get someone employed quickly enough. [Education, strategic]
4. It is not always possible to share good facilities that already exist (e.g. in a supported housing centre) with a wider range of young people because of funding and staff shortages. [Housing, frontline]
5. Involving the community and volunteers in work with young people requires CRB checks, which can be a barrier. [Education, strategic]
6. The admissions policy of a children's centre does not allow for looked after children to receive priority. It is not possible to retain free spaces for LAC and their carers because only filled spaces generate income. [Education, frontline]
7. Children with special educational needs in nurseries do not receive support early enough because funding is based on SAT scores (which are tested later on). This prevents early intervention. [Education, frontline]
8. If students do not have a statement of special education needs by Year 8 then they are less likely to be able to get one. [Education, frontline]
9. Mainstream schools sometimes dictate who they accept, which makes it difficult for children who may have been excluded elsewhere. This results in young people attending schools outside of the area and curtailing their opportunities. [Education, frontline]
10. A family who were fostering a child and considering becoming adoptive parents were reluctant to because they would lose the extra support they currently receive as foster parents. [Health, frontline]
11. Once young people reach sixteen years of age they are considered to be 'out and free in the world' (or if LAC, 'leaving care') and are no longer considered such a priority. It is a constant challenge to ask and get professionals to fulfil their statutory duty to young people post-sixteen. [Youth service, frontline]
12. If a care leaver wants to stay with their foster family after 18 years of age a contract for supported lodgings must be drawn up. This changes the dynamic and makes the young person feel like a lodger in their family home. If the care leaver does stay with the family the financial support for the family is lost. A solution would be to extend support to 21 years of age, when the young person is more able to cope on their own and can leave home. [Social care, frontline]

These specific examples reflect a number of the key themes that arose during the investigation. Whereas some of the restrictions are unavoidably a matter of national policy and legislation, others reflect the particular behaviour of individuals, departments and organisations as a result of local circumstances. In particular, tensions between and within organisations were said to be a barrier to the provision of services sensitive to children and young people's needs. Being able to **'get the job done'** was blocked by varying abilities to refer young people to different services, restrictions around what funding can be used for and actually having a remit for action on a particular problem a young person might be having. Some informants suggested that identifying a young person's needs was relatively easy, but **finding a service** that could cater to those needs was another matter.

The distinction between West Sussex looked after children and 'out of county' LAC was said to create differences in the type of services that are available to these groups of young people. For example, the originating local authority of the child is still responsible for the child, but health services are delivered locally. The policy of some specialist services, such as psychological support, is to restrict them to LAC originating from West Sussex because of limited resources and capacity to cater for all the LAC currently residing in the County. Furthermore health services are not always made aware that a child in care has arrived in the area and it was reported that LAC could then potentially miss out on health reviews.

#### **KI 1d: The voluntary and independent sectors**

Most informants mentioned that there is potential for greater involvement and engagement of the voluntary sector in provision of services for vulnerable children and families. This would be dependent on stable funding

arrangements for voluntary sector organisations, appropriate evaluations and audit, and reciprocal awareness of services available in voluntary and statutory agencies.

*The voluntary sector will flourish in a culture where their contribution is valued, recognised, and credited. We need to create opportunities.* [Community safety, strategic]

One informant referred to the loss of funding to a local Home Start scheme (parent volunteers who support other parents who are struggling to cope), which highlighted a situation where inconsistent funding meant a break in a service that should arguably be funded as a mainstream service. It was said that voluntary sector organisations could spend most of their time trying to get money, rather than providing services. Some informants said that it was difficult for the voluntary sector to evidence the benefits it can provide.

*Some GPs were talking about prevention – preventing a patient coming back into the surgery again – and someone from a voluntary organisation said that what prevention actually was was to prevent them from actually getting there in the first place... and that is very, very difficult to prove... and therefore statutory organisations somehow need to have a way of recognising the work that is being done [by the voluntary sector] that prevents these families being picked up in the first place, on a statutory level, and that is a very difficult area isn't it?* [Voluntary, managerial]

Informants from the statutory sector were mindful that if an increasing number of services in the voluntary sector were to be funded there would need to be appropriate evaluation and audit, similar to that in statutory services. An example of successful commissioning of a substance misuse service for young people was cited, where establishment of a **clear service level agreement and monitoring** had resulted in effective delivery from a voluntary sector organisation. In using the voluntary sector, a sufficient skills base would need to be maintained and developed through additional training and updates. One informant expressed concern over the possibility of provision in the third sector:

*My fear is that the push to look at preventative work with voluntary organisations may mean that the very disturbed and damaged children won't get the professional support they need. For example, if a school discovers a kid with razor cuts on their arms is this just some fad of the moment because all his/her peers have decided to do it, or is it something very serious that needs someone very skilled to deal with it and to work with the school. My concern is that the skills of clinicians must be there to help them.* [Health, strategic]

Positive and fruitful engagement of the voluntary sector can lead to effective partnership working and **support for community groups**, which was said to be the case in Crawley where the local authority was particularly supportive of local community groups. There are also many occasions in which the voluntary sector is the 'expert':

*Sometimes we are just seen as a charity, which is ridiculous because we are often going in because they [statutory services] don't have the people with skills.* [Voluntary, managerial]

One informant said that respite services provided by the voluntary sector were particularly valuable, and if lost would cost the statutory service significantly more to deliver and could even result in a rise in LAC due to the added pressures on families and a reduced capacity for resilience.

## **KI THEME 2: ACCESS TO SPECIALIST SUPPORT**

On the whole provision for children, young people and families in West Sussex was considered by informants to be of a reasonable standard, with some services delivering very high quality support. Yet services providing exceptional specialist support were considered to be victims of their own success because their long waiting lists prevent access for a significant number of children and young people who would benefit from more specialist support. In turn, this causes frustration among professionals who have identified a need and are not able to find a speedy solution.

*In an ideal world we would all want specialist teams – but it's not possible.* [Social care, strategic]

## KI 2a: CAMHS

Almost every single informant commented on the psychological support available to children and young people through the Child and Adolescent Mental Health Service (CAMHS). It was a key issue for most informants because, although the service provided is highly valued, there was a feeling that lack of resources and lengthy waiting times are a significant problem and result in considerable unmet need.

*...getting service from CAMHS is near gone impossible, and you go and have to do the initial assessment that you take to them, but you can wait months and months and months and by that time either the problem, by luck has sorted itself out or it's chronic and we've gone into child protection, or the children aren't living there anymore... [Social care, frontline]*

It was recognised that in the past CAMHS had had unacceptably long waiting lists, but that measures had been put in place to rectify the situation through case prioritisation. Some respondents said that those with lower level mental health problems were not able to access services and some felt that there was no longer adequate support for young people with emotional and behavioural problems:

*I've got a real frustration with CAMHS at the moment in that they only want to work with people that have a recognised psychiatric diagnosis and all the emotional behavioural stuff is not being addressed anymore through CAMHS [Youth service, managerial]*

The dilemma of whether to deal with only the most serious cases and maintain shorter waiting lists, or to spread services to a wider population was recognised. The issue of how lower level mental health support is provided naturally impacts on those in need of the most specialist support available. CAMHS was said to be enabling significantly vulnerable children to access services they need quickly.

*Part of the emerging issues are that CAMHS is working very hard to actually deal with what they should be dealing with, so therefore the young people who fall outside those parameters, where do they now go? [Health, frontline]*

A response from CAMHS revealed that there is now a wait of no more than 13 weeks for any of the CAMHS teams. The care pathways, demand, capacity and role of the service within the wider context of psychological support available for children and young people in West Sussex were cited as needing to be taken into account when considering the potential effectiveness of CAMHS. It was suggested that an area of promising development was the work of **primary care mental health teams** with school nurses, GPs and mental health specialists to prevent young people escalating to secondary services (CAMHS clinics). Workers provided for the youth offending teams and the PRUs were also mentioned, although the current coverage of these initiatives compared with the expressed need and access to longer term support regarding behaviour management for vulnerable families was not clear.

The CAMHS looked after and adopted children (LAAC) team received noteworthy praise in the specialist psychological support provided to LAC. West Sussex was considered to be fortunate to have a specialist service as many other areas do not. However one policy of the CAMHS LAAC team to was not appreciated by some informants:

*Psychological support is only available to looked after children originating from West Sussex. Many LAC cannot be referred. Having social services support in London and healthcare in Sussex doesn't fit! [Health, frontline]*

The policy to accept only 'West Sussex LAC' to the CAMHS LAAC team is necessary to ensure that this already busy team is not overloaded, yet some felt that the service provided by the CAMHS locality teams to other LAC was equivalent. This issue is part of the wider question of how services are provided to 'out of county' LAC. Some considered current countywide CAMHS LAC psychologists as inaccessible and too restricted, and that it would be better to ensure the local CAMHS teams are provided with sufficient resources to support both LAC and other children, therefore also catering for LAC children with origins outside West Sussex. In addition further investment in **child development teams** could allow for improved management of some of these health and behavioural needs.

## KI 2b: Education and behavioural support

Children and young people from vulnerable families and with particular behavioural problems were said to provide significant challenges for schools. There is the tension of being able to provide a style of education that is acceptable to all. Some argued that a normal classroom environment will not meet the needs of some young people and therefore leads to disruption of learning for the entire class. The provision of alternative learning opportunities was seen positively by most, although there was some feeling that this was simply dealing with 'troublesome' young people by carting them off elsewhere.

Access to specialist support from a young age when problems are first identified was, not surprisingly, suggested as the best way to avoid future problems. Although primary education was an area which was thought to be working very well in West Sussex, one respondent cited the concern that the way funding is allocated to schools does not take full account of the needs and characteristics of the specific school population:

*On none of our returns are we asked how many children in need we have, how many are on the child protection register or how many are referred to social services. [Education, frontline]*

The sum that is provided to this particular school according to social deprivation was said to be insufficient when compared with the additional work needed to manage and support children with additional needs. It was argued that increased funding for schools with a higher proportion of children with additional needs would allow for smaller classes with more highly trained staff to give children better basic skills, as well as the provision of more welfare assistants, a full time school counsellor, a play therapist, more extracurricular support and activities, and to be able to involve parents more through family learning.

By the time pupils reach secondary school it was argued that many behaviours are already entrenched. At this stage it is, on the one hand about managing the behaviour of 'difficult' pupils, and on the other, about the need to deliver an uninterrupted education to the wider school community. If a young person does not fit into a given category of behavioural problems, but instead has issues around how they express their emotions due to their situation, respondents argued that there can be little understanding or support and that they are simply treated as 'bad kids'. It then reaches the point where there is no longer the capacity to deal with this in mainstream schools.

*There's a frightening amount of young people aged fifteen... who aren't attending [school], and staff in schools are just watching that clock thinking "well they're gonna be leaving soon, we might send a letter or make a phone call but they're not a priority" [Youth service, frontline]*

The ability of schools to hold on to young people was again considered to be centred around being resourced appropriately so that they do not get disaffected. Providing an education that meets the needs of these young people could then **avoid unnecessary exclusions** around the ages of 14-15 years.

*It would be good to provide an internal neutral specialist in schools, like a one-on-one youth worker to provide extra support [Education, frontline]*

The presence of Police Community Support Officers (PCSOs), who are targeted at ten schools using a formula around deprivation and attendance, was also considered to be a very helpful addition to the school workforce. Furthermore some informants indicated that the development of JATs and integrated services means that social care services are becoming more involved in schools and that pastoral care is improving.

Schools were thought to be getting much more involved in the planning and delivery of some health services, such as school based mental health services. In addition, there is generally an understanding that some services need to be delivered where the children are, in appropriate settings.

*We need to be planning for the 'whole' child (not just education). [Health, strategic]*

Another suggestion was to get GPs more involved in schools and the community, perhaps by encouraging GPs to act as school governors.

## **KI 2c: Asylum seeking young people**

The number of unaccompanied asylum seeking children (UASC) and young people was felt to be increasing, with entry to the country at Gatwick airport resulting in their status as West Sussex-responsible looked after children. UASC LAC do not always have the same issues as UK LAC, as they may have had a very stable and supportive

upbringing with their families. Their needs were therefore reported to be around support for the effects of being separated from their family and culture. However, some UASC may also have extremely specialist needs, such as cases where parents have been arrested on drugs charges.

Female UASC were thought to be particularly vulnerable and there was some concern that sexual health services are not able to address cultural difference adequately. It was reported that some women might become pregnant hoping it will help their asylum claim, or that others are keen to re-create a family to compensate for cultural differences. High levels of young single UASC mothers were thought to be creating significant challenges for services. It was suggested that **appropriate reception services** which help UASC adapt to UK life, develop language skills, and deal with any health issues were provided by a limited number of organisations. Provision of English as an additional language (EAL) was highlighted as being increasingly important.

*Two boys arrived yesterday. I am doing a lot of work to welcome them and having some trouble to involve and integrate them in the school. We do get good support from EMAT (ethnic minority achievement team) though. [Education, frontline]*

In terms of health services, it was suggested that asylum seeking young people could potentially receive fewer services because of resource issues and already overstretched practitioners:

*It seems sort of that there are three levels, isn't it? If you're a West Sussex child and you're in care in West Sussex then you get first pick. Then if you're an out of county child placed in West Sussex you get second. And if you're an asylum seeking child you're bottom of the pile really. That's how it works. [Health, frontline]*

It was felt that young people who have come from abroad should all have an initial assessment with a medical practitioner as they may never have had a medical or a health check before. However willingness to carry out **health checks in primary care** was reported to not always be forthcoming. Yet there are of course examples of good practice where cooperation results in positive outcomes:

*A few months ago I had a young person who had been trafficked and... um therefore needed a lot of sexual health and HIV testing etc and I went to the PCT and said that I was unable to assess her risk and therefore unable to identify her health needs unless I had an interpreter. And since then I've been able to access an interpreting service. And I actually use the same interpreting service that are used by the child asylum team so that often the interpreters are the same interpreters. [Health, frontline]*

Informants reported that asylum seeking young people are a group who require intensive support and where access to primary health care services can be challenging.

## **KI 2d: Children and young people with disabilities and special needs**

Some respondents pointed to a lack of local resources and provision to meet the health and educational needs of disabled young people, especially for young people with autistic spectrum disorder (ASD). It was argued that if young people are in an autism-specific care environment they can often be better off and receive greater continuity of care. In fact it was suggested that some autistic young people could need care more than family ties because the care environment can provide what is best for the child. Provision from the voluntary sector was considered indispensable and in great demand:

*We are constantly asked to provide overnight and short stay care – we are looking to develop this, but need commitment and partnership working. [Voluntary, managerial]*

More respite for carers, **shared care and short breaks** were all suggested as being essential to the wellbeing of carers (and young people). More respite would prevent the breakdown of placements for young people with disabilities who are in care. The PCT and the local authority, through the 'aiming high for disabled children' initiative, are now working together to think more creatively about how short breaks can be provided.

The introduction of individual budgets through direct payments was thought to have increased both the flexibility and quality of service available to families. Families are able to buy services and support which are specific to their identified needs from the wider market. This could even include managing a child's needs through the employment of personal assistants to help with the organisation of care. It was suggested that it

had sometimes been difficult for social services to provide good quality agency care, so allowing the family to directly employ care services meant that if the provision is not satisfactory an alternative can be found.

A number of informants commented on the positive support provided to disabled young people at a local authority residential unit by the CAMHS LAAC team behavioural psychologist who has helped manage complex behaviours. Furthermore, consultation clinics on psychological and behavioural concerns with social workers have been important in terms of prevention. As parent-led placements progress, and a disabled young person becomes older, it can often be more difficult to cope. Ensuring that social workers and other practitioners are skilled-up to support parents who must deal with complex behaviours on a day-to-day basis was considered essential.

In particular, informants pointed to a lack of **local resources to meet the health and educational needs** of disabled children and young people. This was simply put by one informant:

*...in West Sussex we haven't got the facilities [Social care, managerial]*

This means that many disabled LAC from West Sussex are forced to move away to access specialist provision. Similarly, it was argued that there was a lack of specialist staff needed within the youth service to provide for children with disabilities.

### **KI 2e: Youth offending and community safety**

The Youth Offending Service is generally believed to have good resources, access to counselling and workers who often form positive relationships with young offenders. Most informants believed parenting support would be the key to preventing a number of vulnerabilities. Although there was some commendation of the parenting classes provided, there was thought to be a **sense of stigma** attached to attendance because they were delivered by the youth offending service. Parents were considered to not want to attend courses that could be seen to patronise or to be the cause of derision from fellow community members.

The youth courts and CAFCASS (Child and Family Court Advisory Service) were considered to need a strengthened understanding of the wider situation of young people and families under trial:

*There have been issues around the level of engagement with young people. There needs to be an improvement around communication. Working with the young person around their accommodation – finding out what the child wants. The courts need to be working both in and outside of their own area of work to know the issues. [Voluntary, frontline]*

Another informant spoke of the 'corrupt culture' of the youth courts and the concern over the negative impact of anonymity in children and family trials, as well as the inadequate advocacy. A suggested solution was to make youth courts open to the public and thereby make these processes transparent.

There was some reference to past anti-social and criminal behaviour that the media had alleged had been caused by a number of 'out of county' LAC at certain private children's homes in Worthing. This led, in part, to the establishment of a successful project where a PCSO worked closely with young people at the children's homes. In general, the work of **PCSOs in local communities** was valued by a number of informants.

*They get to know local residents so they get an idea of who's vulnerable or at risk. They're visible and engage with the local kids so they're approachable and then kids are more likely to trust them and report things [Housing, frontline]*

Yet the police in general were considered in some cases to show complacency towards children in care. Because LAC are sometimes thought to be able to 'look after themselves' they might be treated differently or not 'pulled out of bad situations' in the same way that any other child would. Conversely, minor offences or disruptive behaviour by LAC, which would not normally be taken further when carried out by young people not in care, are sometimes unnecessarily brought to the attention of the police. Training in **restorative justice** with children's homes was highlighted as a far more productive alternative to prosecution. Greater understanding from community members and neighbours was also cited as necessary. In fact, anti-social behaviour orders were considered to be particularly unhelpful in dealing with these situations, with one informant proclaiming:

*Ban ASBOs! [Education; frontline]*

because they drew unnecessary attention to LAC in local neighbourhoods and could then even be worn as a 'badge of honour' by young people. This could then lead to an increased fear of crime and the demonisation of young people in general.

*It's around tolerance. They are OUR children. They are part of us. There is paranoia about young people hanging around –it doesn't mean they are doing anything wrong. [Community safety, strategic]*

It was suggested that additional **appropriate accommodation** for LAC leaving custody is needed. Bail addresses in suitable areas, away from harmful influences, are essential because this can prevent immediate re-offending of recently released young offenders. A beneficial initiative also mentioned by informants was the 'appropriate adult' service, where adult volunteers attend the police station if a young person is arrested. This allows the young person to be interviewed and released more quickly.

## **KI 2f: Social services**

It would of course be difficult to present a full analysis of the complexities of children's social services in this report, so a general perception of social care services is presented here, along with some specific examples. A strong theme that came across from various informants was the current perceived lack of capacity of social care services and social workers to carry out preventive work with vulnerable families. In fact, it was claimed that social workers seemed **overstretched and under-resourced**, which in some areas led to immediate child protection issues and crisis intervention becoming the sole focus. Accessing social services and knowing who to contact during periods of change were also difficulties highlighted.

*...it's like being in a secret club to know who you can refer in, who, what, where, when and how. You don't have direct access to services. You have to go to a third party to get access and if that person doesn't do it the child doesn't receive it. [Health, frontline]*

Prevention and early intervention with less acutely at risk families was seen to be a luxury that was not at the moment available, both from an outsider perspective and within social care services themselves. Yet the importance of regular support to vulnerable families was recognised:

*Professionals who come in to visit once a week are going to be more successful in supporting these kids than those who come in once a month. [Social care, managerial]*

Social workers themselves also recognised, with dissatisfaction, that they have responsibilities that can stop them becoming involved in more direct work:

*...we do a lot of training, a lot of specialist training to work with children and families, but because of all this [paper]work we have to do, we have to rely on less trained people... such as family aids, outreach workers, you know, casual people that want to help, but they haven't had the same training as us. We can't get there to do it [work more with families] because of all the obligations with all this paperwork... we're relying on them to do a job that they haven't enough training for... [Social care, frontline]*

As well as paperwork, the organisational change and change in IT systems all impacted on staff morale. Other obstacles included the perception that social workers are responsible for personally arranging all aspects of the support that young people may need:

*- that's prevented me from doing what I need to do because a professional's not doing the role they should. But in child protection [case conferences], even the Chair will look to you as the person who should have done everything, you know "why haven't they got a house?"...well because I'm not housing.*

*- 'cos technically under Every Child Matters, those categories are listed, you know health, social wellbeing, education and everything, so it broadly does come under our remit, but we do need other people's specialisms to be able to get things done... [Social care, frontline]*

The focus was on the idea that better outcomes are only possible through shared responsibilities which are overseen effectively. In the case of looked after children in particular, the **independent reviewing service** was considered to be facilitating integrative working, although there was some indication that foster carers could be

more involved to avoid decisions being taken by professionals who were not acquainted with the details of the case. The fostering service was complemented on its high quality matching paperwork, which means that in the majority of cases LAC are matched to suitable foster carers. The family placement team were also praised for their support to foster carers. Yet there was some concern that the number of teams and workers a LAC would have over the years could result in an inherent lack of consistency. First there is the social worker who sets up the placement, then a permanence social worker and finally a 14+ social worker. However, the recent creation of the 14+ social worker was welcomed because it would avoid some of the problems that used to occur when a young person leaves care and at the same time had to change social worker. The key point that was stressed during all informants' discussions around the structure of children's social services was the importance of considering the child's need for constancy in relationships with workers.

It was reported that there are difficulties with **recruitment and retention** of social workers, which naturally impacts on constancy and the way children and young people's needs can be met. It was suggested that the ability to find good quality staff is being compromised by the perception of social work by the public, and perhaps society as whole.

*The image of social services needs to change so that the public understands the positive work undertaken to support vulnerable families. It would probably aid recruitment if there was a better image of what social workers really do. [Youth service, frontline]*

Social services would need to be 're-promoted' as a place for advice, so that they are not seen as people who will 'take my kids away'.

*There can be a stigma associated to receiving support – it needs to be **high profile and normalised** – social workers need to be more visible in the community. Social workers have become like policemen! [Housing, managerial]*

### **KI THEME 3: PREVENTION AND EARLY INTERVENTION**

To improve early intervention and prevention services the importance of taking a long term view was emphasised. The amount of organisational change within public services, short term funding cycles and the perceived removal of services once 'bad situations are seen to get better' were all suggested as reasons for the lack of investment in longer term solutions. Championing evidence based and effective interventions was agreed as a way of changing the focus from 'fire-fighting' to sustained low level support with targeted action for the most vulnerable. The **Nurse-Family Partnership** model was highlighted as a promising model, along with other more targeted projects such as the 'Circle of Security' (which deals with parent/child attachment). Moreover, support or intervention must be early enough in a child's life to have an effect, and in extreme cases this means children becoming looked after if it is in their best interests. The ability to affect change was reported by many to be dependent on levels of deprivation and expectations of children from their parents. The demise of Sure Start funding was mentioned with regret by some informants, although it was hoped that renewed focus and the creation of further children and family centres would produce new opportunities. In addition, the following were considered to be key settings or mechanisms for early intervention:

- Health visitors, with their amazing potential to identify and work with vulnerable families through home visits (although there may need to be more targeting so children in most need are not missed).

*I can say that the health visitors that I work with are brilliant. They're so good at what they do; I just wish there were more of them. There used to be more health visitors available, you know, they're so good at what they do. Midwives that we work with are brilliant too, in fact everyone that we work with just goes over and above their call of duty and cares about the people. [Social care, frontline]*

- Early years settings, which can often be the first place where issues are identified - the CAF could be used more to facilitate referrals.
- The **Family Resource Team** play a vital role in preventing crisis situations.

*They're not minority children with behavioural issues, there's lots of them and we need services that they can access and the parents know that they are going to be safe and it will be dealt with*

*appropriately. We're all at our maximum and beyond, these cases can't be unallocated so what happens is, the least priority falls off the bottom...* [Social care, frontline]

- Outreach workers from various disciplines who can reach the 'hard to reach', plus resources to be able to help families that could be on the cusp of breakdown but who do not meet the thresholds for support.

*On my current caseload I have a young lad... and they were a highlighted family of concern for six years when I was their family health visitor. They were one of those chronic families where there was never a big major issue, but it was always never quite good enough and there were four children in the family and there were all sorts of problems. Now the other child is in care, and it looks quite likely that, um, one or two of the other siblings are quite likely to follow him soon into care. And it's about a resource. There were never any resources to put into the family because they never quite met enough of the criteria.* [Health, frontline]

### **KI 3a: Family breakdown**

Respondents highlighted that the effect of both **separation** of parents and *parent-child* separation can be substantial for children and young people. Family link workers and key workers were considered to be able to make available support that can help prevent family breakdown:

*Families need a key worker, They can take them to citizens advice bureau, they can go to housing with them when they've had letters, you know all those type of things that we don't have time to do* [Social care, frontline]

There was also recognition that tackling the main factors that lead to family breakdown would be most beneficial. The main contributing factors to family breakdown were financial problems, domestic violence, safety and police involvement, alcohol misuse, teenage pregnancy or issues around neighbourhood deprivation:

*It seems to be the norm within their street or their block of houses or that part of the town... there seem to be areas of deprivation, or if the family's challenged economically then they're put in an area where other families are challenged economically and that increases the pressure on the family therefore creates even more of a problem for younger people.* [Youth service, frontline]

*I now have another family who are in need of debt counselling and when I took them along to the CAB, I mean that is also under-resourced now because of the whole mortgages and everything, debt councillors are now absolutely swamped.* [Social care, frontline]

*A lot of them that present have issues at home that we can sometimes foresee may end up becoming a looked after child. I can give you an example of a young person I'm looking after at the moment, she's 14, had a baby, relationships at home have broken down and she's now in care... as is her baby. So when I first started working with her everything was fine, and unfortunately due to the events that have happened she's now not living at home. So sometimes, you can see the line and then you usually get involved with social services at some point as their key worker and then you start working with all the agencies involved.* [Youth service, frontline]

Yet keeping the family together was not recognised as always being the best solution in some cases, most obviously in cases of child abuse or neglect, child disability, parent disability or family dysfunction, rather than financial troubles or deprivation. An informant suggested that women experiencing **domestic violence** do not always receive a particularly understanding response from social care staff, who are understandably concerned about the safety of family members. It was suggested that family breakdown can sometimes occur due to the unwillingness of mothers to leave their abusive partners, rather than mother and child leaving the abusive relationship. Appropriate support for those experiencing domestic violence was suggested as a way to help victims understand the options that are available.

Suggested ways to help avoid family breakdown included family and parenting support, and the provision of more community-based activities that involve the whole family-unit (whatever the unit may be), and encouraging families to take part in team-building which could create improved social networks.

### KI 3b: Neglect (and abuse)

Neglect was cited as the major reason for children and young people in West Sussex becoming looked after. As mentioned above, health visitors were seen as a key resource for identifying and supporting vulnerable families, and spotting where problems that need further attention arise. Social workers themselves, as well as others commenting on social workers, suggested that the focus on existing child protection cases meant that less time could be spent with other families. There was some concern among a minority of respondents that an insufficient skills base could perhaps lead to a reduced chance of predicting, identifying or successfully preventing neglect and/or abuse. There was general agreement that a wide range of professionals need to consider early intervention as a part of their role, but some informants intimated that an increasing focus on preventative work delivered by 'non-professionals' could mean that young people with considerable problems 'fall through the gaps'. Another worry was the ability to be able to arrange assessments once a concern has actually been identified:

*It is difficult to get children assessed by safeguarding children assessment teams... they have to be a very high risk. We need to ensure they aren't getting missed. There are children in the middle who do actually need support and will become very high risk if they aren't helped. [Health, managerial]*

*There have to be early intervention and programmes that are designed to break the cycle of an abused child becoming an abusing parent. [Social care, strategic]*

The general impression of informant interviews as part of the needs assessment was that medical assessments provided by health professionals and requested as part of child protection procedures were adequate and appropriately delivered. **Child development teams and community paediatricians** are involved with clinically assessing children, for example in cases of abuse and neglect. In some areas, local policies have been developed and implemented in addition to Sussex-wide policies and guidelines, with some additional services such as physiotherapy, occupational health and clinical psychology being provided where possible. The extent of availability of these additional services was said by one informant to be limited by funding available, and another suggested that the emotional and psychological support provided by child development teams could be expanded to meet need that was seemingly not being satisfactorily met elsewhere.

### KI 3c: Alcohol and substance misuse

Alcohol and substance misuse were seen by many informants to be growing problems among young people, and especially looked after young people and care leavers. The experience of one informant who works with young people aged 16-25 years:

*They [LAC] seem to consume copious amounts of cannabis - but they are on benefits! Alcohol is a problem but is proportionally not that bad... Alcohol and cannabis are sometimes used as a coping strategy if they don't have family or friends' support. [Housing, frontline]*

Furthermore, the impact that alcohol and substance misuse by parents has on a child was considered to be extremely damaging and present in most parents of children who are taken into care. This assertion on the considerable **effect of drugs and alcohol on families** was made by a range of informants including frontline staff in health and social services, foster carers and strategic managers. One informant criticised known cases of excessive use of alcohol or substances during pregnancy which were described as a form of abuse on the unborn child. A foster carer commented:

*The majority of parents of the children I have taken in had an alcohol and substance misuse background. They've never worked... they're absent parents and the child has only ever seen them drawing their benefit money and getting by with it. [Social care, frontline]*

A barrier in supporting young people who have an identified substance misuse problem was mentioned, with concern that schools could sometimes be reluctant to acknowledge the fact, for fear of tarnishing the school's reputation. Dealing with early problems, as well as delivering preventive messages for students, could be effectively taken on in the school setting and was thought to be potentially advantageous if the right approach is adopted:

*If a young person is at risk of being excluded they need someone who isn't frightened to raise the issue of drugs. [Health, strategic]*

Information Shops were considered to be one of the organisations that are able to effectively support young people with initial concerns around substance misuse, therefore preventing escalation of the problem. Specific mention was also made of high quality specialised support available from substance misuse services, with an example of one particular worker who was able to make a significant change in a looked after person's life. The constructive relationships between Information Shops, youth workers and drug and alcohol support agencies were also cited by a number of informants.

### **KI 3d: Emotional and psychological wellbeing**

Although preventative work around emotional and psychological wellbeing of young people was suggested as an area that had not received sufficient attention in the past, improvements were now thought to be in development. The steady demand for school and youth counselling services was highlighted, with a number of respondents reporting that the services they knew of were always at capacity or held waiting lists. Yet a joined up approach in which the issues for the whole family are considered was thought to be lacking due to disarticulation between children's and adults' mental health services. In some cases, where children were receiving preventative support, the possible mental health problems of the parent(s) were thought to be left unexplored in terms of the possible effects on the child. Promoting understanding of links between services available for parent and child mental health problems was put forward as a way to impact on emotional wellbeing:

*...the local authority has realised the importance of mental wellbeing of parents and children to keep families together. [Education, frontline]*

Parental mental health problems were suggested as limiting the potential for parents to become positive role models for their children. The low level mental health problems that can affect a large proportion of people at some point in their lives were considered to often go undiscovered, and therefore the potential for early intervention was thought to be missed if additional services did not pick up these needs:

*There is no one apparently that our GPs can refer to unless it's a CPN route, which would be more of a significant nature. I don't really know much about mental health... but our counsellor here has the biggest demand and we don't even advertise that she's here... we've kept her more for the more needy parents who have stuff that they need to deal with... [Health, frontline]*

The needs of young people in terms of prevention of emotional and psychological problems were mostly discussed in terms of access, acceptability by young people and models of support. Some young people were known to have refused emotional or psychological support because of the **stigma** attached to mental health services:

*A lot [of LAC] here refuse to access counselling – it's about stigma, they're scared of being sectioned or being told what to do... they can't be bothered... Outside of a GP there is a place... but it's very hard to access and they [the professionals] ask: 'Do you want to be here?' as the first question. If they [the young people] say no then the counselling stops. [Housing, frontline]*

Another informant also commented on the unhelpful approach of professionals who simply accept the fact that young people who decline help cannot be helped. De-stigmatisation of mental health problems and delivery of support in alternative, less medicalised, locations were suggested. It was generally agreed that action around psychological wellbeing should be delivered in locations that young people find comfortable, which was also the stated intention of preventative mental health services. The primary mental health worker team aim to prevent young people going into secondary services by working with schools, school nurses, GPs and mental health specialists. They also provide workers for the youth offending team and the pupil referral unit, which often prove to be more complex cases.

Too much focus was said to be put on the troublesome behaviours of children and young people, rather than the reasons behind the behaviours. One informant commented on the readiness of some professionals to take a quick-fix approach:

*A child psychologist diagnosed ADHD (attention deficit hyperactivity disorder) really quickly in a child [LAC] I'm looking after... and prescribed Ritalin almost immediately. But the symptoms are the same as for those with attachment problems, and they subside once the child is secure and has been in a stable home with boundaries for a few months. If the child thinks they have a problem it's then more of an excuse for them to behave badly. [Voluntary, frontline]*

The emotional experiences of those who have gone into care were often thought to have had a considerable and misunderstood impact. **Attachment** issues can lead to emotions being internalised, along with the resultant effects on mood, behaviour and maintenance of positive social relationships. Better understanding of the emotional and psychological needs of vulnerable children and young people across all professional groups, and by local communities themselves, was suggested as a means of preventing further marginalisation and poorer outcomes into adulthood.

#### **KEY THEME 4: INEQUALITY IN SERVICE PROVISION**

The effects of inequalities in service provision ran through many of the themes that emerged in this needs assessment. It was reported that **thresholds** of access to a number of services for vulnerable and looked after children might vary across the county. Suggested reasons for the differences in the services available included historical factors in the set-up of services, the more intensive work that is sometimes needed when working in disadvantaged areas and the difficulty to recruit and retain staff in certain areas.

*...the other thing that I've noticed from working in this area is that a lot of our vulnerable families and the children perhaps know in other areas they'd already be under social services care, here they're not.*  
[Health, frontline]

*In the private sector one social worker would have six families. Ours have forty each!* [Social care, managerial]

In areas of social disadvantage workloads were considered to be higher because families' and young people's problems were thought to be more complex, therefore creating more work and less incentive for professionals to work in these areas under greater pressure. This situation perpetuates the existence of higher thresholds in disadvantaged communities.

As well as the geographical differences in service provision, there are also distinct groups of young people that can be affected by inequality in service provision. Naturally some differences may be necessary in order to be able to sustain specialist services that cater to those in most need. The reason behind whether an individual can actually receive a service may be a complex mix of the statutory responsibilities an organisation has towards the young person, the level of identified need, organisational structures, independent decisions made by professionals or services, countywide policies, long established referral practices, relationships between professionals locally, and the level of perseverance of parents or carers. Unsurprisingly, the level or type of service provided to different groups of young people is also affected by various individual characteristics, including whether they are children in care (looked after by West Sussex County Council), **'out of county'** looked after children, young offenders, young people with learning difficulties or disabilities, young people with mental health problems, those affected by substance misuse, those in different housing circumstances and those of different ages. Different perspectives on the complex set of circumstances in which decisions about a young person have to be made can result in perceived unfairness, and in other cases systematic inequalities seem inevitable (e.g. 'out of county' looked after children and the reduced set of services they might be able to access locally).

#### **KEY THEME 5: MODELS OF SUPPORT FOR LAC**

The *You're Welcome* criteria state that support provided to young people (looked after children included) must be accessible, joined-up, appropriately publicised, confidential and acceptable to young people, and delivered in an appropriate environment and by staff with appropriate training, skills, attitudes and values. Importantly services must involve young people in their development. Some of the support provided in West Sussex was considered to be reaching these standards, yet other areas were considered to need further improvement. Overall most respondents said that there are **too many different professionals** involved in the care of looked after children and young people. This was seen as a continuation of the unpredictable situations that looked after children may have experienced in their lives before coming into care.

*I think sometimes we mirror them – the chaotic lifestyles of young people – in the services that are trying to support them.* [Social care, frontline]

Young people in care were said to often have too many changes in their social worker throughout their time in care, leading to a lack of consistency, historical knowledge, and making it harder to develop truly supportive relationships with the child and family/carers. Yet family aids were stated by a number of informants as effectively carrying out important work in managing contacts of children in care with their birth families. This is significant as contact with the birth family can be beneficial in preventing placement breakdown.

*Our family aids are brilliant. I wish they could do more of the family support work as opposed to managing contacts.* [Social care, frontline]

Furthermore, LAC specialist nurses were highlighted as providing a greater level of consistency in provision because the relationship with the child usually remains over a number of years, which is not always the case with social workers.

[There has been] *...very positive feedback from the independent reviewing officers about...* [LAC nurses]. *And they feel it's made a significant difference to looked after children and the way that their health needs are being met.* [Health, frontline]

Child development teams and community paediatricians also have a key role in carrying out health assessments for looked after children. Initial assessments, which must be carried out by a suitable medical practitioner, were said to be almost entirely performed by community paediatricians in some areas of the county, whereas other areas are served by general practitioners. The looked after children nurse and community paediatric models were suggested by some informants as being able to provide a more holistic assessment of 'health', which also includes developmental assessment, compared with the suggested medical emphasis that could be found with some general practitioners. The specific skills and training provided to community paediatricians and looked after children nurses were thought to cater more appropriately to the holistic needs of the child.

Access to GP services for ordinary health matters can sometimes be harder for looked after children due to a reported reluctance of some general practices to accept them onto their 'books':

*Some GPs refuse to register looked after children... they register them as temporary. The guidance says they mustn't be registered as temporary, but that's what happens.* [Health, frontline]

GPs were thought to be unwilling to register looked after children because the stability of the placement of the child is often unknown. It may not be seen as a good use of time if the child is likely to move to another area after a short period. However, over time this approach could lead to a greater likelihood of missing or incomplete health records for looked after children.

Support for looked after children through **befriending and independent visitor schemes** can be a way for LAC to develop lasting positive relationships with adult role models. It was suggested that they may also facilitate engagement with other services through the increased motivation, establishment of a positive relationship with a consistent adult, and the consequent and potential for advocacy.

There is a tension between providing specialist services for looked after children, thereby singling them out as 'different' to other young people, or risking that their more complex needs are not adequately met through universal services. It was thought that this tension must be managed so that the least harm and most acceptable model can be found.

### **KI 5a: Education**

Preventing dissociation of children and young people from the school environment was said to require inclusion of targeted approaches to support looked after children – and especially those with additional social, emotional and behavioural needs. The support for the looked after learners service was highly valued by a number of informants and there was said to be potential for the team to be expanded so that a more comprehensive service could be delivered:

*Looked after learners was a big team and then became a smaller team... They have a really good lead person for LAC. A young person said to me yesterday that they go and see the LAC teacher and they actually help...* [Voluntary, frontline]

The looked after learners team is able to make support available to individual students and teachers, in particular, designated LAC teachers. They work with children in care, foster carers, residential workers, social workers, schools and other staff to support access to full time educational placements and raise the educational achievement for looked after learners.

The behaviour of looked after children was said to be misunderstood by school staff in some cases, either through lack of knowledge of a child's particular situation or because of a general lack of awareness of the issues facing looked after children. Respondents said that **behavioural issues** in schools should be dealt with whilst being mindful of the fact that looked after children may need additional social and emotional support specifically due to unresolved issues around neglect and attachment.

*Schools should not exclude problem children so easily. A change in ethos needs to occur so that it is understood that these children are vulnerable, not just a pain in the neck.* [Health, frontline]

Both the experiences before becoming looked after and of the care system itself were considered to be significant risk factors towards failure in reaching educational potential. Support available in, and to, schools needs to be developed so that there are clearly **designated LAC teachers** who are able to influence the school environment experienced by LAC and, where necessary, refer to specialist services successfully. It was suggested that positive outcomes – finding the help needed – could often come down to persistence and knowledge of 'the way in'. It was suggested that LAC teachers are not always easily identifiable within a school, that they are given varying responsibilities from school to school and that time may not be allocated according to the number of looked after children present at the school. Insufficient seniority of LAC teachers was thought to be a barrier to effective fulfilment of the role in some cases.

*The LAC looked after learner teachers, which will be a requirement in the new White Paper, are not always there or in place. Children with attachment difficulties need to be approached in different ways... there's a lack of trust of adults which means that kids get into trouble.* [Health, frontline]

There were a number of accounts about the positive input the looked after learners service and school staff have had in working with other agencies to meet the needs of looked after children and maintain their placement at mainstream school.

*I actually meet with education... we've had joint meetings and they have funded a support worker for him [a LAC with health and emotional problems] in school to meet both his educational and his health needs. So that's worked really well.* [Health, frontline]

However, mainstream school was not always thought to be the best place for some children in care. Special schools and **alternative provision** such as pupil referral units, placements in further education, in private and voluntary sector provision and in independent schools were said by various informants to be needed as possible options. Lack of education provision within the county for LAC with disabilities was recognised as a particular issue in West Sussex, with some children needing to travel or reside outside the County in order to go to school (see Section KI 2d).

*Every child is individual. Some should be in mainstream - some in special schools. One kid I had was getting a taxi to school then walking straight out again, that's pointless!* [Social care, frontline]

### **KI 5b: Connexions and information shops**

Connexions and Information Shops were considered by most respondents to be providing good information, advice and guidance to looked after children who use these services. Connexions intensive support workers are seen to provide young people with access to a valuable and distinctive kind of support because it is an **optional service**. Young people are not obliged to meet with a support worker and therefore the dynamic is different to that which looked after children will experience with other professionals with whom they come into contact (e.g. social worker, teacher or health professional).

*Connexions and the Information Shop are very accessible... we get good feedback from young people. It's an excellent gateway service and is well integrated with other services.* [Health, frontline]

The fact that the Connexions intensive support workers are able to deal with the whole range of issues that young people may face was seen as particularly beneficial:

*The [Connexions] personal advisers deal with anger management, accommodation issues and so on. The students here really value them. If we make a referral they take it seriously. [Education, frontline]*

The informality of the Information Shops was seen as a key feature of their success in appealing to young people:

*Information shops are fabulous because they are the one thing that isn't target driven. The young person can remain anonymous and the youth worker takes on the young person's issue. If you walk into Connexions you have to do a CAF. The Information Shop will do pregnancy testing... and provides a counselling service. [Health, strategic]*

#### **KI 5c: Looked after children specialist nurses and health care**

LAC nurses who carry out health reviews for looked after children are seen as providing a valuable service and have been reported to be a relatively consistent figure in young people's lives. The decision to expand the service to cover all areas of West Sussex was mentioned and welcomed by a number of informants.

*The introduction of LAC nurses has been useful in providing health checks and building relationships with kids. They are best placed to give teenagers advice on sexual health etc. ...they are better placed to provide this than a social care model. LAC nurses have access to those to refer to... [Social care, managerial]*

The benefits of a model of care provided by LAC nurses and community paediatricians, as opposed to care provided in general practice or by general practitioners, were mentioned in particular:

*GPs are not specially trained in paediatrics and are not as aware of the social needs of these children. Someone with the right approach needs to look for the emotional needs... not just whether the child has a heart murmur. [Health, frontline]*

*The accessibility of advice and assessment and the fact that they stick around and follow from placement to placement is helpful (a social worker changes quite often) [Social care, strategic]*

Although services provided are well valued, it was suggested that there is **not a systematic process** to ensure that all LAC in all areas receive their annual health assessment. This was said to be due to delays in information sharing between health and social care services, reluctance to carry out assessments by some primary care practitioners, the historically inconsistent distribution of LAC nurses (as a result of reconfiguration of PCTs) and the lack of an electronic database for LAC health information. In some cases the problems were said to be due to lack of information sharing:

*There are guidelines and recommendations that stipulate that the health authority is supposed to be notified by the local authority when a child comes into care, changes placement, moves out of care... that doesn't always happen. [Health, frontline]*

In other cases there was the impression that health services were simply not fulfilling their duty to LAC:

*Guidance was issued in 2002 about the need for annual health assessments for all LAC, and this is still not happening. Aren't there the resources? Is the PCT going to resolve this? [Social care, strategic]*

Yet the general consensus among informants was that once the health needs of looked after children have been identified they are mostly being met adequately:

*I would hear if LAC weren't getting a good [health] service. [Social care, managerial]*

#### **KI 5d: Foster carers**

The good work of foster carers was praised by the majority of informants because of their potential to provide a stable and caring environment. **Training and regular support** for foster carers was said to be essential in order to develop sufficient capacity and capability within the County. It was acknowledged by both foster carers and other professionals that adequate support and training was sometimes lacking. It was suggested that foster carers who were less interested in maintaining skills and receiving support would be easily able to avoid professional development. Some foster carers mentioned that support and a guaranteed response to urgent

issues 'out of hours' would be particularly beneficial, especially for less experienced foster carers. In addition, it was suggested that foster carers would benefit from:

- A main point of contact: a dedicated worker who they can call on for advice
- Continuous support, not solely concentrated at the start of a placement
- On-going training on aggressive behaviours to stop escalation of problems
- More help when children are excluded from school(s)
- More ready access to therapeutic support.

Foster carers are not always asked to be involved in 'professionals' meetings' where important decisions can be made about the child. It was suggested that in some cases, important decisions have been made without full consideration of the impact on the rest of the family unit (including other children being fostered or foster carers' own children). It was also suggested that, in some cases, professionals making the decisions have not had any contact with the child or family/foster family. It was perceived as a concern that some people still view foster carers as 'glorified childminders', rather than **skilled professionals** with significant responsibilities.

There was said to be an insufficient number of foster carers available for long term placement of children in care, which would provide greater stability and fewer changes of placement – a risk factor for poor outcomes.

*There are not enough foster carers and not enough providing long term care. We are not recruiting them for the long term; it's a policy issue. [Social care, managerial]*

The scarcity of long term placements was suggested by some informants as being due to insufficient capacity to assess and process the recruitment of foster carers, including those already providing short term placements. Additional recruitment of foster carers for long term permanent placements was thought to be necessary to meet the demand and reduce the number of unsuitable placements. Furthermore, it was suggested that the fostering and residential services were working to capacity and there were too many children and young people in costly agency placements.

### **KI 5e: Leaving care and housing**

Leaving care was said to be a time of significant risk for young people because of the many changes to life circumstances that can take place. Young people leaving care may move out of a stable foster or residential placement and can see a considerable change in the level or type of support they are afforded. In particular, informants suggested that more work needs to be done to ensure that potential **employment or training opportunities** are found for young people leaving care.

*We try to ensure we are preparing young people for independence, for example budgeting, cooking, NEET issues. We try to identify potential work or training environments... but at the moment it's piecemeal. We work with whoever we think can help, but it's a bit like "who do we go to?". [Social care, strategic]*

If inadequate grounding, structure and contingency plans are offered to young people leaving care the results were said to be extremely damaging. As well as preparation in 'life skills' the importance of stable housing and employment or further education was highlighted. Behaviour that may have been tolerated when the young person was in care may have more serious consequences on leaving care. In extreme cases, a lack of joint planning between the young person and support services, among other factors, was said to lead to greater risk of homelessness:

*We regularly get reports about a lack of preparation and getting young people in suitable accommodation. This results in homelessness. West Sussex could be a 'beacon' or 'trailblazer' on this issue. [A senior social care manager] is very keen to help and has been to listen to young people... this is encouraging. [Voluntary, frontline]*

If care leavers do make mistakes and find that they have been forced out of their accommodation there must be suitable alternatives ready and available. **Supported accommodation** provided by organisations such as the Foyer were said to be providing a valuable service for vulnerable young people and care leavers at risk of homelessness. However, the loss of housing placements for care leavers, for example due to claims of repeated unacceptable behaviour, was said to lead to additional troubles including exacerbated mental health problems or susceptibility to offend. Some informants suggested that young people need to be given more chances to make mistakes

without having support taken away. Appropriate housing for young people leaving care was therefore reported as being essential:

*Supported housing is a major, major issue; there's not enough of decent supported housing specifically for young people with mental health issues. [Youth service, frontline]*

Some housing services reported that care leavers could experience difficulties in securing housing in a location where they may have already laid solid foundations:

*Sometimes young people need to move away from their local town to get away from issues. So if they have been in care out of their home area [it is possible that] they don't then qualify for supported housing in the area where they have made [new] friends and built a life. They might have no local connection [to their previous home]. We don't get anyone from leaving care unless they have a local connection – most don't. [Housing, frontline]*

One informant specifically referred to the insufficient and inappropriate housing provided to young people leaving custody. Accommodation was said to be in unsuitable locations which are well known to 'disreputable individuals' and where opportunities for young people to re-offend would be high.

*There is a lack of accommodation for 16/17 year-olds who have been LAC or can't go home when leaving custody. They end up in B&Bs when out of custody or can end up staying in custody longer... There is nowhere for them to go at all. I would like to see widening of the remand foster scheme service, but this needs more money. Supported lodgings and more foster placements are clearly needed. [Community safety, strategic]*

## **KI THEME 6: PARENTING SUPPORT**

Most respondents said that appropriate parenting support could be a key feature in helping break the cycle of deprivation. Access to a 'super nanny' or a health visitor who can identify problems early on and provide **wrap-around support** was suggested as an effective way of limiting negative outcomes. Some informants also suggested that parents need to take on sufficient responsibility and put the required effort into securing a positive upbringing for their child.

*...the amount of parents we ring up and they say: "Just take her today! Take her into care!" and a lot of parents say "I've told her I'll have her taken into care!". Actually that's used quite broadly by parents because their attitude is: "Well I'll just arrange for her to be taken into care because I can't cope with them". It's in that transition stage between year six and year eleven when they say that it all kicks off for them. ...normally in my experience from year eight to year nine is when parents start ringing you up saying: "I just can't get her out of bed, I can't cope, what am I going to do?". ...what I think they need is some form of parenting networking. Catching them and then giving the parents the skills to deal with their fourteen year-old who's kicking off... [Youth service, frontline]*

There are key transition periods in a young person's life where parents may find that they are unable to cope with the situation even if fully committed to supporting their child to fulfil their potential. The capacity to create an environment for a positive childhood was also said to be dependent on factors other than parents' motivation or ability to be good parents. One informant viewed tackling deprivation, disadvantage and improving quality of life as the way to improve childhood outcomes at a population level:

*Money to tackle deprivation, homelessness, and unemployment. Parenting skills are often suggested [as a solution], but this is a misnomer. It is more a quality of life issue. [Health, strategic]*

Yet the majority of informants suggested that effective parenting support could be one achievable element that would contribute to challenging the **wider problems of disadvantage**. Parenting programmes, such as Triple P and Webster-Stratton "Incredible Years", were cited as being able to provide positive solutions. Health-led parenting support in early years was suggested a means of engaging families successfully. One of the barriers to providing parenting support to those who might benefit most was said to be parents' acceptability of such support, including the perception that it is delivered mostly through youth offending teams. Parents are reportedly reluctant to attend when this association is made:

*The YOT do parenting classes - though there is stigma attached and it comes after problems are already there. [Health, strategic]*

Delivery of parenting programmes at schools was suggested as a way of normalising attendance at such schemes, but some barriers to this approach had been found in terms of parents' willingness to enter a school environment and also because of insufficient engagement of partners needed to deliver the services.

*I mean we've tried to deliver parenting classes in school for example and asked them [the schools] to bring their parents so we'll deliver the service... and we've had lack of interest, lack of understanding. And I know it's because they're really busy... [Social care, frontline]*

It was suggested that parenting support programmes should be developed and marketed to parents in a way that de-stigmatises attendance. In addition the lack of a coordinated preventative approach to parenting support and pressures on staff were considered to hinder significant progress in this area:

*Some parenting classes, family aid, support and education are delivered through social services. But it's all crisis intervention at the moment. [Health, frontline]*

A number of informants suggested a **more preventative approach** by working with young people before they become parents themselves. The development of life skills training as part of the school curriculum was proposed in one instance:

*I think that secondary schools need more support in educating young people about having families, about financial difficulties, about actually the big bad world... 'cos often we find sixteen year olds on their own... that's it now, there off trying to deal with life. [Social care, frontline]*

Children and Family Centres are also obvious key settings for provision of parenting support and advice. There was a suggestion that support to parents should be able to be accessed as a friendly, open advice service that could be approached without fear of reproach:

*It would be good to have an Information Shop for adults – not just the citizens advice bureau. This would allow them to access a service and discuss issues and look at parenting and life-skills. [Youth service, frontline]*

## **KI THEME 7: PERCEPTIONS OF YOUNG PEOPLE IN CARE**

People's perceptions of young people in care were thought by informants to be ill-informed and overly negative. A number of informants stated that rather than thinking of vulnerable young people as 'naughty' there needs to be a better understanding among the general population of experiences a child in care may have had. The damaging effects of a child's upbringing, their time in care and their experiences before becoming looked after were said to account for behaviour which can lead to the perception of them as 'badly behaved' or 'ill-adjusted'. Behavioural support for the children in question was suggested as a way to limit the extent of the impact of actions deemed to be unacceptable. However, the appreciation and understanding by community members of troubles faced by LAC was also said to be a key factor:

*We need to acknowledge LAC in a positive way. There's a lack of understanding of what these kids have been through. People don't understand the reality of how LAC and foster kids come into care. They need a voice to share their stories. [Education, frontline]*

Representation in the media and the growing perception of young people as 'bad' was seen as a barrier to community involvement and tolerance of vulnerable and looked after children who may be seen to be causing 'trouble'.

*Neighbours say "it's good you are a foster carer, but please don't live here". [Voluntary, frontline]*

*We need more understanding as a society. We are very good at demonising children and it's particularly vulnerable children who bear the brunt. It's around tolerance. They are our children. They are part of us. There is paranoia about young people hanging around... it doesn't mean they are doing anything wrong. [Community safety, strategic]*

Community involvement and provision of **more activities for young people** were suggested as possible ways of preventing the escalation of problems in local neighbourhoods.

*There needs to be a structure to what's on in school holidays – more publicity and consulting with the kids on what they want. [Social care strategic]*

Some informants argued that special treatment and consideration of looked after children unnecessarily singles them out in the as being different, also suggesting that access to appropriate activities is crucial for all young people. Inclusiveness was considered preferable because looked after children must feel that they comfortable and safe within their placement and community:

*Why should the local community be involved just because a child is in care? They should be treated just like anyone else. [Health, strategic]*

### 13.3 Focus groups with children and young people

A total of four focus groups were also held with young people (see Table 13.3). The following themes have been developed following analysis of data from focus groups held with the following ten young people. The themes are not representative of the situation for vulnerable and LAC in West Sussex, but offer a descriptive account of some of these particular young people's opinions, attitudes and experiences. Names have been changed to preserve anonymity.

Focus groups were held with:

- Care leavers engaged with the West Sussex PAR Project (2 participants)
- Students at a Pupil Referral Unit (PRU) (3 participants)
- A resident of a local authority children's home (1 participant – an informal interview)
- Students at a local school (4 participants)

**Table 13.3**  
Characteristics of focus group participants

Pseudonym	Age	Gender	Designation of vulnerability	Place of residence
Liam	18	Male	Care leaver	Littlehampton
Nathan	20	Male	Care leaver	Worthing
Nicola	14	Female	PRU student	Crawley
Kieron	16	Male	PRU student	Horsham
Danielle	14	Female	PRU student	Horsham
Pete	17	Male	LAC	Shoreham-by-Sea
Stacey	14	Female	LAC	Littlehampton
Chloe	13	Female	LAC	Bognor Regis
Leanne	13	Female	LAC	Bognor Regis
Kayleigh	12	Female	LAC	Bognor Regis

### 13.4 Themes from focus groups with children and young people

#### Overviews of themes

- Family makes a happy childhood
- Activities available to young people
- The importance of education
- Aspirations, money and jobs
- Health
  - Smoking and alcohol
  - Mental health
- Safety and risk
  - Bullying
- Leaving care and housing

#### **YP THEME 1: Family makes a happy childhood**

Family was considered by LAC and care leavers as a vital part of what makes a happy childhood. The quality of home life and the commitment shown by parents (and carers) was said to determine someone's prospects for the future.

*"...if you've got a good family, people that care about you, then obviously you feel happier within yourself so therefore it will be a good childhood. Like if you've got no one who cares about you, you don't care about yourself. So you get in trouble, and take drugs all the time and things like that then that's going to turn things bad and therefore you going to get a bad childhood and just ruin things for when your older because it's just one long circle."*

[Nathan, care leaver, 20 years]

Having a 'good' family was in fact stated as the most important factor in a young person's life by some of those who took part in focus groups. A good family was considered to be a person or people who care for you, and about you, on a daily basis: in essence "a loving family" [Care leaver, male, 20 years]. Happiness was also framed in terms of stability and the company of siblings and pets (by younger contributors). Similarly, happiness was described as being able to go on holiday; an activity which provides togetherness and is thought of as what 'normal' families do.

*"Yeah, I'm happy. I have a very good family, foster carers."*

[Leanne, LAC, 13 years]

The lack of a happy childhood was described by one young person through their description of the breakdown of her own family, which contributed to an apparent considerable uncertainty and mistrust of adults. For this young person it was difficult to describe a happy childhood from anyone's perspective during the focus group. Communication with family members (or lack thereof) seemed especially important for some young people. Some young people had not been in contact with their birth parents for some time and expressed disappointment mixed with resignation.

The vision of an ideal and happy family was one that would be able to provide a supportive atmosphere. Some of the older young people also mentioned the need to be given boundaries that could guide you to adulthood. Happiness was therefore:

*"...people being there for you... when you've got that. And, well loads of things really. You get brought up in a good childhood, not if you get brought up with everything handed to you on a plate but a good childhood like getting brought out of trouble, that's being brought up in a good childhood in my eyes."*

[Liam, care leaver, 18 years]

The value of a good family was seen as having rules in place that protect young people from difficulties or potentially dangerous situations, but not by being over-protective. Furthermore the importance of family was emphasised through the expressed need to have consistent role models, and evidenced by the lack of them:

*"I haven't been able to talk to my family for a long time about most of my issues because I don't want to bother them with my problems anymore cos I haven't been their problem for the last like so many years... so you know, it's a difficult thing to say. But I don't think I need any help, I wouldn't ask for any help from anyone really – like counselling or the doctor – cos I don't really want people saying this is how you should live your life... cos I've had to live the biggest part of my life by myself, so I am my own parent basically. I've looked after myself, its been me and myself. I might have had carers there, I might have had foster parents once upon a time, I might have had social worker, a leaving care worker but they're not gonna take my parents role, and my parents haven't been there since I was 13 years old and I'm coming up 19 very soon, and I've lived the most important time of my life by myself, teaching myself the ropes."*

[Liam, care leaver, 18 years]

Having someone who could act as a consistent role model and who you could trust and depend on was extremely important for another care leaver. A voluntary independent visitor provided support for this young person over a number of years:

*"I don't trust no-one. I've got an independent visitor and I didn't trust him. I usually push people away when they get close to me and do things against them and that... I've done bare things, loads of things to my independent visitor and he hasn't gone anywhere, he's still sticking by me, so I trust him. He's been the only person that's been there whenever I need him... could be every day for the last however many years and I don't see him like an independent visitor [now], he's been more like a father figure to me for the last, four, five, six years"*

[Nathan, care leaver, 20 years]

Among young people who were not in care or care leavers the idea of family was less well communicated. For example PRU students seemed less focused on the input of family towards a happy childhood and more concerned with the freedoms that were or were not available. This perhaps was reflective of the fact that parents were present and taken for granted, e.g.

*"I hate shopping with my mum."*

[Kieron, PRU student, 16 years]

## **YP THEME 2: Activities available to young people**

Most of the young people who took part in focus groups spoke of a lack of available activities in their local area. As young people got older the number of activities available was said to diminish because interests changed and appropriate provision did not seem to keep pace. Part of the problem was seen to be the lack of comprehension by adults of the type of activities that would keep young people interested:

*"...young people know what young people want. Adults think they know what young people want. They might think they're cool and they know, but the kids and young people are the ones that know."*

[Nathan, care leaver, 20 years]

Activities to fill your spare time and spending time with friends were seen as useful ways to avoid getting into trouble and were clearly differentiated from time spent with adults. Spending unstructured time with peers would afford a valued sense of autonomy:

*"If you've got things to do, like, after school hours then you're not gonna get into trouble and that, so it makes you feel... if you're with your mates... you can go out and go do things like, go play football or go to the park..."*

[Nathan, care leaver, 20 years]

Yet some young people also suggested that more straightforward and structured youth provision could have been provided for them in the past:

*"I think a youth club would have been a bit more interactive when I was a kid I think. We never had anything like that when I was younger, we never had anything."*

[Liam, care leaver, 18 years]

The activities that were said to be desired by young people (and supposedly not understood by adults) were pastimes that would be considered to be inappropriate for young people; namely smoking, drinking, and going to pubs and clubs. This seemed to be linked to the idea that these young people were representing themselves as young adults and consequently want to behave like and be treated like young adults. Some young people suggested that they should be provided with spaces where such activities (seemingly undertaken by most adults all the time) could be practised in safety and without reproach. This would avoid having to 'just hang around':

Nicola: *I don't know, everyone just gathers in town, and it's really boring.*

Kieron: *And then you end up getting in trouble by police or something.*

The places that are available were not seen to be able to cater to all young people's needs:

*"...there's a café and they're open till like 11 aren't they, and you can go in and get like food and drink, like free food and drink, an you go and like sit in there, but not everybody just wants to go the café all the time.*

[Nicola, PRU student, 14 years]

Yet the care leavers spoken to had clearly taken part in various structured organised activities that seemed to have had a lasting and positive effect. Positive activities were regarded as being able to contribute to healthy functioning.

*"...[I've done] outdoor activities and things like that. Doing rock climbing and, well not literally rock climbing but those little like climbing walls and, orienteering I think its called, where you can go round the forest and try and find things and work as a team and stuff like that, that's a healthy thing, it keeps you fit and its something obviously you might enjoy."*

[Liam, care leaver, 18 years]

### YP THEME 3: Education

Education was understood to be able provide opportunities for the future and was consequently seen as extremely important despite the challenges it brought some young people:

*"Obviously a good education's the most important thing. ...when I was at school, school was boring. There's nothing good at school so maybe if it was a bit more exciting, rather than strict "shut up, sit down, do your work", not like you can change schools but I'm just saying it's a good part of growing up, you need education."*

[Liam, care leaver, 18 years]

The challenges were seen to be that school and regimented learning structures could lead to boredom. Some young people saw that normal classroom lessons where one would need to learn in by rote was not much fun and that more interactive lessons were preferable. School was also a great opportunity to see friends.

Facilitator: *Ok. Tell us, is there anything you can tell us that's good about school?*

All: *No!*

Stacey: *I like meeting up with my friends I suppose.*

Leanne: *I like tech classes like art and DT and that. And PE, I like PE.*

The provision of an alternative environment for students who had had been excluded from mainstream school was greatly appreciated by PRU students:

*"I like mainstream, but this is better."*

[Kieron, PRU student, 16 years]

*"Not only that but if you've got a problem like at home or something you can talk to someone and they don't make it worse. But at a mainstream I know that they have to go to social services or whatever and here they still do but they don't make it so much worse."*

[Nicola, PRU student, 14 years]

With smaller class sizes and more attention from teachers the PRU was considered to be an environment that led to these particular young people engaging in their education far more effectively. The PRU students and young people in care spoken to had aspirations for the future like any other young person would, but might need additional or alternative support to remain engaged in education in the long term (whether vocational or academic). For one care leaver the provision of subsidised further and higher education was seen to be essential to motivate the continuance of learning:

*"...they'll pay for my education. I if I stay in education they'll be with me till I'm 24 so I have support for quite a long time with those, but its not necessarily the support of having someone there everyday to help you out, but the support of your education getting paid for instead of me having to do it with the money that I haven't got."*

[Liam, care leaver, 18 years]

#### YP THEME 4: Aspirations, money and jobs

The aspirations of most young people who took part in focus groups were to be independent, have money and lead a successful career. The suggested future jobs that they were going to work towards included working with children, vet, designer, working in hair and beauty, accountancy, car sales manager and social worker. Independence was seen as necessary but independence with support ideal. It would be perfect to grow up and be accepted, but also not have all the responsibility all of the time:

*"So even though I am grown up, I still wanna be a kid, but on other days I wanna feel like I'm an adult. I wanna feel like I'm a respectable person and I'm just as equal as everyone else..."*

[Liam, care leaver, 18 years]

A number of the focus group participants had a keen financial awareness, were doing part time jobs and seemed to know the value of money (plus the problems that could arise due to a lack of it). A pragmatic approach to money could be seen:

*I haven't grown up with a lot of money in my life so I'm used to not having a lot of money, it doesn't really affect me. By the time I'm older and I go out and get a job, it [the 'credit crunch'] would be over. Cos I'm only 14. So by the time it's over I'll only be 18.*

[Nicola, PRU student, 14 years]

For one young person being in care had provided certain opportunities that might not have otherwise been available. Being in care and forced independence had in fact helped him realise some of his aspirations and helped him in:

*"...meeting new people, new faces, doing things like this... trying to keep myself confident... So I've made the person I am today. I am the whole reason the way I am. I might take drugs and do this that and the next thing, but I can still be a normal person come and do everything, get a job, do most things for myself... I've got the chance of living by myself and having them good things, and if I had lived with my parents I wouldn't have got housed when I was 16 years old, 17 years old coming up for 18. I wouldn't be in a flat now, I probably would have still been living with my parents, in a small bedroom, and when I reach this age I would have wanted to be by myself and I don't think I would have been, I probably wouldn't have even had a job."*

[Liam, care leaver, 18 years]

Being in care had created a sense of autonomy in this young person and meant that he was able to think about how to do things for himself, had been provided with accommodation and found various different jobs. There was confidence in finding employment among a number of the focus group participants.

#### YP THEME 5: Health

There was a high level awareness of simple messages around healthy living such as eating fruit and vegetables ('5 a day'), taking exercise as well as the potential harm of behaviours such as smoking and drinking. The level of comprehension of health messages among all young people was not clear. Health was discussed in terms of the choices people make and the risks people take:

*"To be healthy? Eat greens, keep yourself physically fit, don't smoke, don't drink, them sort of things. That's healthy... but we're living in the real world here."*

[Liam, care leaver, 18 years]

- Danielle: *...if people take risks and if it turns out to be the wrong way then you won't do it again.*
- Nicola: *Yeah, but it's all down to choice again... They've got the right path and then they've got the wrong path. People choose which one to go down.*
- Danielle: *Yeah, like you said the message of 5 a day. People can choose if they want to take notice of that or not.*
- [PRU students, female, 14 years]

On the specific topic of LAC health reviews one young person's views were quite clear:

*"I don't agree with them – if there's something wrong I'll go to a doctor, so why do I need to go for a check-up?"*

[Pete, LAC, 17 years]

Another young person commented on how health checks could feel repetitive:

*"They just ask you the same questions again and again."*

[Chloe, LAC, 13 years]

### **YP 5a: Smoking and alcohol**

Smoking was viewed as an eventually harmful but presently common practice among young people. Smoking was considered to be something that could be stopped later in life, not something to worry about particularly at this stage. However the introduction of smoke free legislation was seen as something that would prevent young people taking up smoking.

*"I better quit - I don't wanna die early. But then I don't wanna die old. What's so good about being old?"*

[Kieron, PRU student, 16 years]

*"Yeah, I know it's bad, but another thing: how smoking was banned in public places... like our generation, when they get older and start going to like pubs things, they probably won't smoke because you can't smoke in a public place anymore."*

[Nicola, PRU student, 14 years]

Access to cigarettes did not seem to be a problem for some young people, who reported that they could either purchase them from shops or obtain them by other means:

*"Oh my mum gets them for me."*

[Danielle, PRU student, 14 years]

*"I smoke and sometimes smoke some wacky-baccy with my friends... I've been getting into pubs since I was 16 and buying fags since I was 12."*

[Pete, LAC, 17 years]

There was an understanding that responsible drinking is important for health and prevents some of the damaging consequences represented in the media in relation to young people.

*"...it depends how much you drink. Cos if you drink just like a glass a day then that's not that bad but if you drink like loads and loads then that's like really unhealthy."*

[Stacey, LAC, 14 years]

*"That's what most people need to realise that, when you have a drink you are actually suppose to drink just to have a good time, and you are actually suppose to stop at a point so you know you're not going to go to far, but teenagers don't take that in. It's just whoever can drink the most is the best."*

[Nicola, PRU student, 14 years]

There was awareness that the bravado involved with drinking and the general social acceptance of alcohol makes drinking an attractive amusement for young people. However, a care leaver described the trouble he had had with alcohol and its relation to the idea he had of living life for the moment:

*...maybe I've been having problems with alcohol, drinking to much stuff like that. I realise that now, but at the time I didn't really want to think about it, I just wanted to get drunk, have a laugh and enjoy my life while I've got one, I just think any day could be last so I just want to enjoy everyday to the fullest, if I can.*

[Liam, care leaver, 18 years]

### **YP 5b: Mental health**

A young care leaver (and recent prison leaver) described the problems he had had with his own mental health, which he believed had been exacerbated by drug use. He also had strong views on mental health issues for young people generally:

*"Mental health, that's a big health thing for young people. There are a lot of young people that have got mental health problems that haven't even been noticed - until they're too old and they start having problems with it basically. ...[There are] lots of reasons why people have mental health problems but don't get help with it. Some people want help but don't know where to go, or some people want help but there's no one there to help them... I've got mental health problems myself. It was only like a couple of years ago that I got diagnosed... but people knew before that. No-one really takes it as seriously as it is."*

[Nathan, care leaver, 20 years]

He argued that mental health problems in young people could often be overlooked and left to go untreated for too long. This topic promoted discussion around the link between cannabis use and mental health problems, which another young person challenged vehemently:

*"Nothing proves to someone that just because they've taken drugs that's why they've got mental health problems. There are loads of reasons you could get mental health problems. For example X could not take a drug the whole of his life and I could smoke cannabis and take pills and other drugs every day for my life and X might have severe mental health problems and I might not."*

[Liam, care leaver, 18 years]

### **YP THEME 6: Safety and risk**

Keeping safe was thought to mean being protected from possible harm, being looked after with care and being given boundaries. One young person described how in retrospect a lack of boundaries at an earlier age had led to potentially dangerous events and a naivety about possible harm:

*"It's nothing when you're younger to know that you are safe or unsafe or that you're even going to be in danger... when you're that age you don't really care about it. Being safe or not being safe, because you don't think that anything's going to happen to you. It's not like everyday you get told 'Ooh don't do that cos you might get taken away' or anything like that, so when I was a kid I didn't really care. I was allowed out till one o'clock in the morning when I was however many years old. I don't mean to sound bad to the parents but at the end of the day she never thought any harm was going to come to me, so I never grew up with a background thinking: right something's going to happen to me I've got something bad gonna go on."*

[Liam, care leaver, 18 years]

It appears that in this case boundaries that were needed and wanted were not present. For another young person entering care was the catalyst for a self-confessed destructive change in behaviour:

*"I turned into a right little criminal. I started smoking weed, taking drugs, beating people up, getting into fights with police officers, getting arrested everyday, getting arrested at the children's home, and if I didn't really go into care I probably wouldn't have had as much of a criminal record as I have now. But there is still no way I could say I wouldn't have got into trouble with the law at some point in my life."*

[Nathan, care leaver, 20 years]

### **YP 6a: Bullying**

During the focus groups a number of the younger young people highlighted the extent to which bullying affected their lives at school. Students in the focus groups commented that bullying could sometimes go unnoticed, but that even when bullying was reported there was not always a satisfactory outcome from their perspective. The perceived lack of action meant that the young people spoken to would not always bother to say anything to staff about bullying incidences. However, when asked, most young people said that there would be someone at their school that they could go and talk to about any specific problem they might be having. The following discussion provides an extreme case that highlights the perceived lack of support received:

Facilitator 1: *And is there anything in school that would make things better?*

Kayleigh: *No bullies.*

Facilitator 1: *Can you think of any occasions that you could tell me about where you've been bullied?*

Stacey: *Because I was friends with this girl no one liked because her mum's a lesbian and they bullied me about that, so I got told off for smacking a chair round this girl's head.*

Facilitator 1: *And when you say she bullied you, what did she do?*

Stacey: *She hit me, I had my hair ripped out and so...*

Facilitator 1: *Oh well that sounds awful.*

Stacey: *Yeah, but she got worse back to her so it's alright.*

Facilitator 1: *And did you talk to anyone about the bullying? Any of the teachers?*

Stacey: *No, cos they don't do anything.*

Facilitator 2: *So did anyone find out about that?*

Stacey: *No.*

Chloe: *They just say ignore it, carry on.*

Stacey: *They just say go to a teacher or something or go stand with a teacher*

Leanne: *Or just stay away from them. But they follow you at break time...*

### **YP THEME 7: Leaving care and housing**

The instability of placements was said to have been a common occurrence in the past lives of two care leavers. In these two cases numerous placements and being moved around the county (plus specifically to Crawley) was said to have contributed to a rise in their drug taking, violent behaviour and trouble with the police. Being moved around led to some negative influences on the behaviour but also led to a greater sense of independence:

Facilitator: *So can you think of something positive about being in care?*

Nathan: *You get to explore the country when you're getting moved around so many places.*

Liam: *Yeah I've lived along the whole south coast. I think I've been in every bed and breakfast that*

*social services have got, from here, to Chichester, to Brighton. I think I've been in every single one. And that's been in the last year. I've been in about, what maybe, ten to fifteen placements in the last year and a half? And it is difficult moving around, but the thing is I always end up back in the same area.*

Nathan: *Well, you learn to look after yourself.*

Liam: *Yeah, you do learn to look after yourself.*

Nathan: *Cos no-one else is doing it for you so, you mature quicker.*

Stability was now planned or in place for older LAC and those who had already left care. Access to housing was seen as a particular benefit of leaving care, although being able to keep hold of this housing was clearly understood to be dependent on conduct. Some young people saw this as providing greater independence than most other young people would experience – others would not get their own flat in which they could remain for some years. In one case the provision of a flat led to greater stability for a care leaver who had left prison six months previously and was concerned that additional moves might compromise avoidance of 'trouble'. The preparation for leaving care in terms of social support and career guidance was not viewed quite so positively by one focus group participant:

*"...they try and do these 'independent schemes' with you and its not exactly much independent. They've given you three pound to try and budget, three pound a day to spend on shopping and tell you how to cook... don't get me wrong cooking skill is a good important thing of life... when you move out and your in the big wide world – but they don't teach you how to get a job, how to sign on to benefits, how to do most things."*

[Liam, care leaver, 18 years]

Another young person who was due to leave care shortly was very much looking forward to this, but was frustrated about an apparent delay in the assignment of a leaving care worker combined with a lack of communication about what would happen:

*"I can't wait to get out of here and get my own place.... Yeah, there will be problems but I'll deal with them – I'm not worried about them".*

[Pete, LAC, 17 years]

## 13.5 Summary of themes from focus groups with young people

### Family makes a happy childhood

- A good family means people who care
- Having a stable placement is important (if in care)
- Young people need consistent adult role models
- Young people want (and need) boundaries to guide them
- Having brothers and sisters (and pets) helps
- Going on holiday is fun

### Activities available to young people

- There was a perceived lack of desirable activities
- Adults are not always aware of what young people want
- Young people want to be able to do the things that young adults do: smoke, drink, go to pubs, go to night clubs
- Young people who had been in care had taken part in some positive structured activities

### The importance of education

- Education was seen as important in providing opportunities for the future
- School was sometimes thought of as 'boring'
- Those at the PRU appreciated alternatives to mainstream education

### Aspirations, money and jobs

- Young people would like independence, but with support
- Financial awareness (what money will get you) seemed high
- There was confidence in being able to find employment

### Health

- There was general awareness of some 'healthy living' messages
- People can make their own choices about health behaviours, take risks and learn by their mistakes
- LAC could feel singled out by their need to have health reviews

### Smoking and alcohol

- Smoking is considered to be a habit that can be stopped later in life
- Cigarettes and alcohol are freely available to some young people (through purchase or other means)
- Responsible drinking versus drinking as fun or escapism

### Mental health

- Mental health problems are not always being picked up and dealt with by professionals
- Drug use and individual characteristics can affect someone's mental health

### Safety and risk

- Boundaries that protect from unknown harm are needed and wanted
- Entering care can lead to a drastic change in behaviour (e.g. youth offending)

### Bullying

- Bullying incidences can sometimes go unnoticed

### Leaving care and housing

- For LAC instability of placement can have a negative influence on behaviour
- Young people expressed the need for support around practical life skills

## 14.0 Discussion

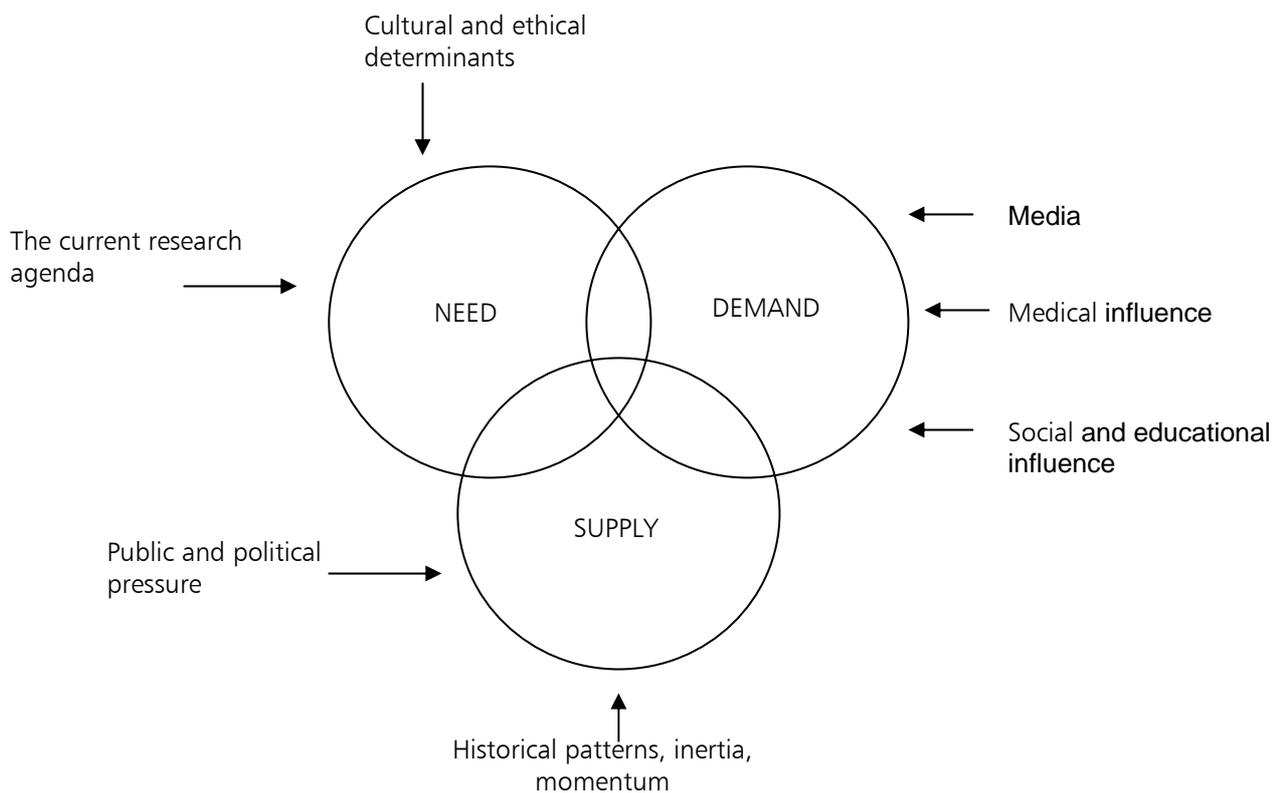
In undertaking this needs assessment there has been the ambitious aim of reviewing the issues facing both the population of looked after children and of vulnerable children and young people in West Sussex (some of whom could conceivably be at risk of becoming looked after). The breadth of topics revealed in the findings highlights the extremely complex nature of interrelated provision in health, education and social care services that are striving to fully meet the needs of all children and young people. The findings indicate that much positive work is taking place but that organisational change, barriers in communication and financial constraints within local public services clearly impact on the realistic ability to meet all needs.

A significant part of this needs assessment has focused on the perceptions of the professionals involved in service delivery. This normative, or corporate, need has been collected from strategic, managerial and frontline staff in an attempt to understand the issues facing all levels of organisations and factors that could facilitate improvement. Involvement of children and young people has played a smaller yet vital part in the needs assessment. Findings from the focus groups were able to validate professionals' views of children and young people's needs and ascertain

their relative importance. This also provided the opportunity for comparison of professionals' views against young people's expressed or felt needs. The relatively small number of young people consulted reflects the problematical nature of access to this underrepresented group (vulnerable and looked after children). Furthermore the omission of specific views obtained from families and parents (as opposed to foster carers) is an obvious shortcoming of this needs assessment. The research carried out for the Children's Trust by MORI in 2005 goes some way to filling this gap, and the conclusions are in many respects confirmed by the findings of this needs assessment (i.e. services can be difficult to access initially but once accessed are good; lower level needs that are not so easily defined receive less attention; services for older children are less well developed; and parents require more support from services).<sup>79</sup>

The findings presented and the recommendations made are, in some areas, exploratory, as further investigation may be needed in order to more accurately find solutions to identified needs. Further consideration of need, demand and supply will be necessary, along with the influences and overlapping of factors relevant to change in any given area of service provision (see Figure 14.1).

**Figure 14.1**  
**Need, demand and supply: influences and overlaps**  
 Source: Stevens 2004<sup>80</sup>



The analysis which led to the formulation of aspects considered to be working well and considered to need improvement (Table 13.2) was intended to reveal levers for change that could have a substantial impact on the population of vulnerable and looked after children and young people in West Sussex. It has been possible to identify factors that will have the most significant impact on the population by ranking these aspects in order of the number of responses, and then assessing available epidemiological and outcome data, identifying effective interventions and good practice, and taking into account the views of young people.

**For vulnerable children and young people the following priorities have emerged:**

Lack of access to **psychological support** was considered to be one of the most significant barriers in meeting the needs of vulnerable children and young people (and LAC) in West Sussex. A review of the CAMHS care pathways, the context of the service and the role of primary mental health care work were reported as an essential next step to delivering a young people friendly service. A local needs assessment of CAMHS is currently being undertaken. The importance of improving young people's mental and emotional health is undeniable also because poor mental health can be a precursor to wider social exclusion. A CAMHS review and a detailed needs assessment of the psychological needs of children and young people in West Sussex will help find solutions to the apparent shortcomings of preventive and treatment services. The historical problem of waiting times and access to services may already be improving, but was not necessarily reflected in the views of respondents. Flexibility, joint commissioning and a holistic and participative approach to CAMHS must be a feature of any future developments. In particular the need for improved support services for young people with emotional and behavioural needs must be appropriately addressed.

It is also especially important to maintain dedicated gateways to mental health services, or provision dedicated to looked after children such as the CAMHS LAAC team, to ensure they receive fast and effective access to the help when needed. Extending this service to all LAC (not just those looked after by this local authority) may not be an option within current resources, but would provide a more equitable service to a group who has high needs.

The extent of the specific needs of those with **disabilities and learning difficulties**, and the demand for services for children and young people may not

have been adequately captured in this needs assessment. However the impression gained is that provision of shared care and short breaks, plus greater availability of local resources to meet the health and educational needs would be beneficial.

**Parenting support** is vital in creating environments where children can thrive and there is evidence to show that pro-social parenting programmes are effective in helping parents cope. Parenting support as a preventive measure needs to be implemented as part of a wider and comprehensive programme to tackle deprivation and child poverty in order to truly have an impact. A successful family support and parenting strategy could help prevent some vulnerabilities and ensure more children and young people remain with their families when possible. As an additional measure parenting could also be incorporated more in school curricula to provide appropriate life skills from an earlier stage. This also reflects the message from young people that traditional education does not necessarily offer some skills that are needed or desired.

**Improved communication and information sharing** were highlighted as a key way to improve the capacity of professionals working in preventive services. The delivery of co-ordinated health and social care services (to low income mothers from early pregnancy) can lead to greater resilience in children and young people. Communication within and between organisations, plus the development of more transparent referral mechanisms would mean that when a need is identified it is more likely that a service to meet the need can be found. The challenge is to boost capacity in social care and health visiting services in areas of need to maintain thresholds in access to services that are equitable and ensure that it is not only the essential child protection work that is carried out. Therefore the importance of integrated services in providing appropriate support through children and family centres could be a key mechanism in ensuring progressive universalism is fully embraced in West Sussex. Systems of integrated working must be implemented successfully (e.g. the Common Assessment Framework) and information sharing which is not burdensome will be essential. The lead on children and family centres taken by social care services (reported to have an authoritative public image) must not mean that the families who would benefit most are reluctant to access these services. Outreach services may need to be considered, and directing some efforts towards a health-led parenting support model could prove advantageous in delivering non-threatening support. Involving young people, as well as their families, peers, and the wider community in integrated health and social service delivery could also be a way of

increasing resilience in young people and forming a better understanding of the positive support available from social services among the general population.

**For looked after children the following priorities have emerged:**

The fact that the proportion of placements in foster care inside the local authority (63% - Table 9.5) is highest of all placements is promising because of the stable environments that they can provide. However a limit to the breakdown of placements is a key area for attention, which has been reflected by new creation of the newly named permanence service. Recruitment of foster carers for **permanent LAC placement** will ensure that more stable placements for LAC are found, and support for new and long term foster carers will be a key aspect of success. Contact with birth family was important to children and young people and should be facilitated by family aids wherever appropriate. For LAC in less stable placements the independent visitors could be extremely beneficial. Boosting the number of independent visitors and befriending schemes could provide young people with a positive and consistent adult role model if a long-term bond is formed.

Attendance of LAC at **health assessments** and dental checks will be dependent on the ability of health professionals to coordinate their care, which is dependent on having the relevant information to identify LAC and access to appropriate medical practitioners. Regular health assessments and dental checks will also have an association with good parenting, even though older looked after children may refuse medical examinations and treatments. Work needs to go towards raising the percentage of LAC who have had their annual health assessment, which is below the national average. This could be achieved through additional support for carers in navigating the system, the already planned expansion of the LAC nurse team and negotiation for enhanced support from other community practitioners (e.g. general practitioners and community paediatricians). Ensuring that all LAC are able to be registered as permanent patients in general practice would ensure easier access and solutions to general health concerns. Designating 'LAC friendly practices' may be a mechanism to help foster carers and other professionals to find appropriate health care provision for LAC under

their care. In future the national ContactPoint database of all children in the County will hopefully serve as a mechanism for improved information sharing and greater communication between the practitioners working with all children.

The **educational outcomes** of LAC were highlighted by many informants and justly so because of the far poorer educational attainment of LAC than other young people in the County. It is encouraging that the percentage of LAC who sit GCSEs has increased in recent years. In strengthening the role of the designated LAC teacher more high quality Personal Education Plans (PEPs) can be completed and, given the higher than national average percentage of children with SEN, that appropriate social, emotional and behavioural support can be provided in more cases. The Looked After Learners team was widely praised for its work in supporting schools, teachers and pupils, and the team would be best placed to help drive forward a stronger role for the LAC designated teacher in schools of concern. Teachers who are able to make an impact within the school, negotiate with professionals from numerous agencies, and have enough time allocated to act as an effective LAC designated teacher must take on the role. A programme of training delivered jointly to teachers and other professionals on issues that affect vulnerable and looked after children (e.g. attachment problems) could help avoid the disruptiveness of some young people being misunderstood or badly managed.

**The main issues for young people were:**

- A need for the provision of activities that are appealing to older young people
- Alternatives to mainstream education are helpful in refocusing on learning (academic or vocational)
- Friendlier access to and de-stigmatisation of the receipt of psychological support is needed
- Young people would like independence, but with support
- Practical life skills training is needed for LAC leaving care

## 15.0 Conclusions and recommendations

It was agreed by the needs assessment working group that any recommendations arising from the needs assessment would need to:

- Be in line with population needs
- Address local service gaps
- Deliver equity
- Be evidence based
- Be developed in partnership
- Offer value for money
- Be achievable<sup>81</sup>

Possible priorities for amenable change have been selected through analysis of the themes and ranked priorities of key informants and young people, the evidence review, and also by taking into account feedback from key informants and the working group.

The five key recommendations are:

6. Effective investment in psychological support services, including the review of care pathways and the context of services (especially CAMHS) in relation to prevention and treatment
7. Improve LAC data quality:
  - Improve collection of local authority data to enable accurate analysis of the population
  - Improve health data by maintaining relevant electronic LAC health records
  - Work towards better integration of local authority and health LAC data
8. Successful development of integrated services, and especially Children and Family Centres, to ensure effective communication and joint working between professionals
9. Development of parenting support provision through effective implementation of the West Sussex parenting strategy, including:
  - Delivery of evidence based parenting programmes
  - Work towards future health-led parenting support provision
10. Strengthen the role of the designated LAC teacher to ensure that:
  - High quality Personal Education Plans (PEPs) are completed
  - Appropriate social, emotional and behavioural support is provided.

# Appendix A

## Directory of children's services provision types

These types reflect the nature of the provision expected nationally rather than how the services are structured or sit within in any organisation in West Sussex. Any individual service may offer several different types of provision.

### Health and well-being

#### **Child health promotion service**

These services aim to promote and support healthy lifestyles amongst children and young people through information, education, training and publicity. This includes work targeted at health-risk behaviours and also initiatives to ensure children and young people are aware of factors that determine health. Include services which have a primary function to work with children, young people and parents in order to prevent accidental injury and death and those which promote and educate children and young people about road, community and home safety. The following areas come under the remit of this service:

- Diet and nutrition
- Fitness and exercise
- Personal, social and health education (PSHE)
- Smoking cessation
- Substance misuse
- Accident prevention

#### **Drug and alcohol service**

These services have a primary function to work with and support children and young people in relation to drugs and/or alcohol. This includes preventative and educational work, intervention and treatment. The following areas come under the remit of this service:

- Multi-disciplinary substance misuse team for young people
- Community-based support for young people
- Needle exchange
- Information and advice service
- Targeted interventions
- Specialist (mainly non-medical) drug services (Tier 3)
- Tier 4 services

#### **Emotional well-being service**

These services support and promote the emotional well-being of children and young people. Services include counselling and talking therapies which aim to support children in recognising and managing their emotions. This sometimes relies upon other forms of communication such as play or drawing. This may include the establishment of specific projects and therapeutic interventions which promote emotional literacy. This includes non-specialist and voluntary sector provision not included in CAMHS or Child Health Mapping and health-related autism services and ADHD services not provided under SEN education support. The following areas come under the remit of this service:

- Counselling
- Autism service
- ADHD service

#### **Parent support service**

'Parent Support Services' are defined as 'any activity or facility aimed at providing information, advice and support to parents and carers to help them in bringing up their children' (DfES 2006). This includes targeted support and structured parenting programmes.

#### **Services for children who are abused**

These are therapeutic and/or preventative services for children and young people subject to sexual and other childhood abuse, including sexual exploitation, and domestic violence. They may be dedicated services or elements of services.

### **Teenage pregnancy and sexual health service**

These services provide a range of support to pregnant teenagers and young parents and/or contraception and sexual health services to young people. These services may be separate or joint provision and may be provided in a range of settings. The following areas come under the remit of this service:

- Contraception and sexual health services
- Teenage pregnancy services
- Support to young parents (including back to school/into work)
- Teen and Toddlers Intervention programmes for those most at risk
- Peer mentoring programmes
- Parenting support/programmes for parents of young people most at risk of early pregnancy

### **Therapy service funded by local authority**

These services have a primary function to provide physiotherapy, speech and language therapy and occupational therapy to children and young people. This includes children's therapy services funded by the local authority. The following areas could come under the remit of this service:

- Speech and language therapy
- Occupational therapy
- Physiotherapy

### **Social care and safeguarding**

This category covers a broad range of services which may be provided by the local authority and/or by agencies in the voluntary and independent sector.

### **Adoption service**

These services are responsible for making the arrangements for the adoption of children and young people and/or for the provision of adoption support services as set out in the Adoption and Children Act (2002). Services may also have responsibility for operating the new special guardianship order that provides permanence for children for whom adoption is not appropriate. This includes social work adoption teams and other services that are funded by the local authority to provide all, or part, of local adoption provision.

### **Children's Rights service**

These services provide advice, support and guidance to children and young people looked after and those considered in need. This is based on the fair treatment of children and young people as under the UN Convention of the Rights of the Child (1989). It may include independent advocates, support in meetings, advice and access to other services as well as the organisation of events to promote the involvement of young people in improving services.

### **Disabled children's service**

These services provide support to children and young people who are disabled and/or have complex health needs and their families. Service aims may include: early identification of need through integrated diagnosis and assessment; early intervention and support; provision of ongoing care management and support; support to participate in out of school and leisure activities in the community alongside their non-disabled peers; systems to safeguard disabled children from abuse; multi-agency transition planning for disabled young people entering adulthood; and palliative care for those who need it (NSF, S8). This includes social work teams and other services that are funded by the local authority to support disabled children and their families.

### **Emergency duty team**

These services provide a social work service to help with situations which reach a crisis outside of normal office hours, at night, weekends and bank holidays. This includes services which provide a response to the emergency needs of children and young people.

### **Equality and diversity service**

These are services not included elsewhere which promote inclusion and deal with issues of equality and discrimination in relation to gender, race, disability and sexuality.

### **Family support service**

These services are designed to help keep families together, while coping with problems that affect them and may include information and advice, home support, individual/family therapy, parenting training, and crisis services. This includes domiciliary services (home care), and other forms of outreach support services, for children and young people with disabilities. Generic domiciliary services not normally included unless staff receive specialist training in supporting children.

### **Fostering service**

These services are responsible for making the arrangements for the fostering of children and young people and/or for the provision of fostering support services. This includes social work fostering teams and other services that are funded by the local authority to provide all, or part, of local fostering provision. It also includes all types of fostering, for example contract, mother and baby, treatment foster care and remand fostering.

### **Leaving care service**

These services support looked after children as they move on to independence between the ages of 16 and 21. Services may take responsibility for drawing up comprehensive pathway plans with children when they turn 16 and may provide support, including financial support, for care leavers until they are aged 21 or beyond if the young person remains in education or training. Under the provision of the Children (Leaving Care) Act (2000) local authorities must appoint a personal adviser for all care leavers once they reach 16 to co-ordinate services which must be recorded in the young person's pathway plan and regularly reviewed. Personal advisers may be social workers.

### **Residential care and children's accommodation service**

Residential care: this includes residential accommodation for looked after children, long-term residential care for children with disabilities and residential services designed to care for children with complex and challenging needs.

Children's accommodation service: this includes services which provide support and accommodation to disabled young people, young people leaving care and other vulnerable groups making the transition to live independently. It also refers to services which are specifically established to provide support and accommodation for children and families and/or young people who are homeless or at risk of homelessness. It does not include services which provide tenancy support, as this is a separate service type. The following areas could come under the remit of this service:

- Children's Home
- Secure Unit
- Supported lodgings scheme
- Family centre (residential)
- Residential special school
- Residential boarding school
- Independent living scheme
- Foyer
- Hostel for homeless children and families

### **Safeguarding service**

These services aim to protect children from abuse and neglect, prevent impairment of their health and development, and ensure that children are growing up in circumstances consistent with the provision of safe and effective care which optimises their life chances enabling them to enter adulthood successfully. This includes dedicated social work safeguarding teams, child protection teams and other preventative services and interventions that are funded by the local authority to provide the safeguarding provision for the locality.

### **Short breaks/respite care service**

These services support children with disabilities and their families and also families in difficulty by providing part-time care for the child. The overall aim of short break care is to assist in preventing family breakdown by providing additional support to the family. They may be provided to give a child a break with care, including access to social activities, or relatives and friends respite from caring, including through fostering arrangements or in appropriate staffed accommodation. The following type of respite care or short breaks can be arranged:

- In the child/young person's home
- In a residential facility
- Through a family placement scheme
- Through a shared care scheme

### **Social work teams**

This includes social work fieldwork/locality teams fulfilling statutory duties in respect of safeguarding and promoting the welfare of children. Needs assessments, statutory reviews and enquiries, placements and care planning and management are all undertaken by social work teams.

### **Tenancy support service (including supporting people provision)**

These services provide housing-related support and aim to help tenants who have difficulties managing their tenancy and achieving independence. This includes Supporting People provision for children, young people and families.

### **Young carers' service**

Young carers' services offer support to young carers and their families and may provide information and advice, recreational respite, advocacy, a befriending service and therapeutic support to young people who have caring responsibilities for a relative with a long-term illness or disability.

## **Early years and childcare**

This service type includes children's centres and central support services/teams, such as early years and child development and children's information services.

### **Children's Centres**

Children's Centres offer one-stop support through integrated services and multi-disciplinary professional teams to children under 5 and their families including childcare, early education, health, family support and help into work. The following areas come under the remit of this service:

- Outreach
- Home visiting
- Family support
- Child and family health services
- Base for childminding network
- Specific support for children with special needs
- Links to Jobcentre Plus

### **Early Years and Childcare Development Service**

This is a central service which supports the development and expansion of local education provision for children below compulsory school age and plans childcare services for children 0-14 years. These teams may develop new childcare places; provide advice and information on both day care and education matters and a family support service. The following areas come under the remit of this service:

- Training for childminders
- Childcare support
- Crèches
- Child minders
- Nurseries

### **Children's Information Service**

This service provides information and signposting about childcare, early education, family support, resources for disabled children and other services for children, young people and their families.

## **Education support**

### **Support to schools**

This service type refers to central support services for schools that are commissioned by the local authority as opposed to the schools themselves. The following areas come under the remit of this service:

- Behaviour support
- School improvement advice
- Curriculum advice

- Anti-bullying support
- Governor support service

### **Special Educational Needs (SEN) support**

These are support services for children and young people who have learning disabilities that require special educational provision. Local authorities have statutory duties in relation to SEN, many of which cannot be delegated. SEN support services provide support and advice both at an individual pupil level and whole school improvement (SEN related) level. This includes specialist teams and teams who provide this service as part of their wider remit. The following areas come under the remit of this service:

- Education psychology service
- Hearing impairment
- Sight impairment
- Physical disabilities
- Specific learning disabilities
- Pre-school (including Portage)

### **Alternative provision**

Alternative provision includes independent schools (where the full cost of tuition is paid for by the LEA or in conjunction with social services, but not those paid for in conjunction with Health Authorities); hospital; non-maintained special school; FE college where local authority pay the fees; asylum seekers of compulsory school age educated with voluntary provider or at FE college; Not a School (this covers pupils being educated within the local authority otherwise than at school. This includes groups such as those educated in community homes, pupils not on the roll of a maintained school and receiving local authority funded home tuition (i.e. this excludes those educated at home by parental choice) and arrangements made for the education of pupils in travellers' families not on the school roll). The following areas come under the remit of this service:

- Home tuition service
- Education in hospital service
- Services supporting young people reintegrating back into school
- Alternative KS4 provision

### **Pupil Referral Unit**

Pupil Referral Unit's (PRU) are a type of school established and maintained by the LEA and specially organised to provide education for pupils unable to attend mainstream schools. The focus of units should be getting pupils back into a mainstream school. A PRU is not a community school or special school.

### **Learning promotion and support**

These services work with schools, families and other agencies to support the progress and achievement of Ethnic Minority and Traveller children and young people. This includes special education teams and covers a range of services to schools, including assessment of language skills, teaching support and/or advice, staff training and home/school liaison.

### **Education welfare service**

The education welfare service acts on behalf of the local authority and its main responsibility is to enforce and improve school attendance and assist in the reduction of unnecessary absence and truancy. This service is made up of a team of education welfare officers, who are sometimes known as education social workers or attendance advisers.

### **Extended school service**

An extended school works with local providers, agencies and other schools to provide access to a core offer of wraparound childcare all year round (in primaries); parenting and family support; a varied menu of activities including study support, sport and music clubs; swift and easy referral to specialist services such as health and social care; community use of facilities including adult and family learning and ICT. These will often be provided beyond the school day but not necessarily by teachers or on the school site.

### **Culture, sport and play**

#### **Out of school/holiday activities**

This includes outdoor-based activities, play schemes, summer programmes and kids clubs.

## **Clubs**

This includes scouts, guides, brownies, music clubs, hobbies, interest groups and any other service specifically established for children and young people.

## **Libraries**

This includes services/initiatives which are specifically established for children and young people within or through library provision.

## **Museums and galleries**

This includes services/initiatives which are specifically established for children and young people within or through museum or gallery provision.

## **Sport and sport development**

These services provide and promote opportunities for children and young people to participate in sport and physical activities to encourage healthy lifestyles. This may include coaching sessions and school holiday sports activities. It may also include sport (development) services/initiatives which are specifically established for children and young people.

## **Leisure centres**

This includes services/initiatives which are specifically established for children and young people within or through leisure centre provision.

## **Children's/Youth theatre**

These services provide performances and educational workshops in drama, music and crafts specifically for children and young people.

## **Arts projects**

This includes services/initiatives which provide arts projects specifically for children and young people. These services may also provide information and advice to schools and youth groups about educational art initiatives.

## **Play development work**

These services provide play activities for children in a variety of settings. Play is a general term applied to a wide range of activities aimed to assist in all aspects of a child's development. It also includes services that work to increase capacity within the voluntary and community sector to deliver play activities and increase access to play opportunities for children.

## **Youth services**

### **Youth provision**

Youth work may be provided by the local authority or commissioned from another body, e.g. voluntary sector provider and/or Connexions provider. These services provide informal educational opportunities to young people to enable them to develop skills and abilities, influence decisions and become full and active members of their communities. Youth services use a variety of activities, such as the arts or adventure as vehicles for its primary aim of personal and social development. It takes place in a range of settings, using a variety of approaches, to ensure young people receive information and support and awareness is raised around wider health and social issues. It can take the form of specialist activities, for example, information, advice and counselling projects, voluntary action, cross-community and international work. Youth and Community funding is not for general leisure provision or school extra-curricula activities without any youth work content. The following areas come under the remit of this service:

- Centre-based services
- Detached youth work
- Targeted youth support
- Volunteering support
- Information, Advice and Guidance service
- Issue based service/groups/activities

### **Youth justice service**

The principal aim of the youth justice system is to prevent offending by children and young people aged 10-17 and Youth Offending Teams coordinate provision at the local level. These services aim to prevent and reduce offending, encourage law-abiding and positive behaviour and focus on factors underlying offending behaviour.

This includes a range of police and court diversion and liaison schemes which work with young people who come into contact with the Youth Justice System. It also includes services provided by Youth Offending Teams and services provided by other agencies working with young offenders and young people identified as at risk of offending. The following areas come under the remit of this service:

- Comprehensive YOT service
- Early intervention programme (e.g. Youth Inclusion programme)
- Targeted prevention programme
- Court duty
- Bail supervision
- Intensive supervision and surveillance
- Emotional support
- Community sentences
- Appropriate adult service
- Restorative justice

### **Connexions service**

Connexions is a youth support service for 13-19 year olds (and up to 24 for those with learning difficulties and/or disabilities). It provides information, advice, guidance and access to personal development opportunities for young people through multi-agency working. It aims to remove barriers to learning and progression, and ensure young people make a smooth transition to adulthood and working life. Young people work with Personal Advisers in schools, colleges, training centres, One Stop Shops and community venues as well as through telephone and web-based support. There is the option of Entry to Employment at post-16.

### **Entry to Employment training programmes**

Entry to Employment is a national learning programme, primarily aimed at young people aged 16-18 who are not participating in any form of post-16 learning. It is designed to develop their motivation and confidence, personal effectiveness and basic and key skills, and to give them a range of opportunities to gain vocational knowledge, skills and understanding. The aim is that they will progress into a Modern Apprenticeship, further learning and/or employment.

Source: DCSF 2007<sup>82</sup>

# Appendix B

## Key elements of the Children and Young Persons Bill 2007

The Children and Young Persons Bill focuses almost entirely on looked after children. The Bill is principally designed to reform and strengthen the statutory framework around the care system. It contains a range of provisions which together will enable children and young people to experience high quality care and support, and to drive improvements in the delivery of services. Key elements of the Bill include:

- Enabling local authorities to test a different model of organising social care by delegating social work functions to 'social work practices' (providers of social work services) and (following piloting) enabling regulation of social work practices if pilots demonstrate success in improving outcomes.
- Increasing the focus on the transparency and quality of care planning and ensuring that the child's voice is heard when important decisions that affect their future are taken, in particular by strengthening the role of the Independent Reviewing Officer (IRO).
- Improving the experience children in care have at school and increasing their educational attainment including by placing the role of the designated teacher on a statutory footing and ensuring that children in care do not move schools, unless 'reasonably practicable and consistent with their welfare', or during GCSE years, in 'exceptional circumstances'.
- Ensuring that looked after children (up to 18) are not moved out of an existing placement before they are ready by giving them a greater say over moves to independent living and ensuring they retain support and guidance as long as they need it.
- Improving the stability of placements for children in care, limiting 'out of authority' placements, securing higher placement standards and ensuring children in care in custody are visited regularly
- Improving the support for family and friend carers including allowing local authorities to make longer term financial payments to family carers in circumstances where otherwise the child would be accommodated by the local authority, where this would be appropriate.

The Bill also contains additional measures to support vulnerable children including provisions in relation to private fostering, child death notification to Local Safeguarding Children Boards, emergency protection orders and the powers of the Secretary of State to conduct research.

Source: DCSF 2007

# Appendix C

## A young person's checklist for a healthy care environment

(1) Safe and continuing relationship with at least one carer

- Unconditional positive regard
- Loved
- Wanted
- Physical contact
- Carer is the child or young person's champion

(2) Caring healthy environment

- Belongs to and feels part of the home
- Equal status within the home; respected
- Feels safe at home
- Skilled and supported carers
- Healthy relationships with all family members
- Opportunities for emotional growth
- A range of healthy relationships outside of the home
- Supported with education and learning
- Knowledge of local environment
- Attends local school (long-term care placement)
- Laughs and smiles
- Feels listened to

(3) Comfortable with personal identity and cultural beliefs

- Understanding of cultural beliefs and participation in festivals and celebrations
- Comfortable with all aspects of identity
- Links with cultural and heritage communities where appropriate
- Participating in life story work
- Relationships with birth family and regular news
- Opportunities for continuing cultural and heritage related activities
- Age-related clothes and accessories (mobile phone, bicycle, Playstation...)

(4) Benefiting from effective healthcare, assessment, treatment and support

- Balanced diet
- Healthy hair and skin
- Developmental milestones monitored
- Sensitive health and dental health assessments within statutory timescales
- Prompt treatment when necessary
- Access to sexual health and relationships education
- Participating in physical activities
- Home environment that promotes physical well-being and healthy diet

(5) Developing personal and social skills, talents and abilities and having opportunity for play, arts and leisure activities

- Achievement awards for looked after children and young people
- Attending school activities and supporting school and leisure events, such as parents' evenings, school plays, sports activities
- Encourage trying new things through school, out-of-school activities and leisure interests
- Shopping for and making gifts for people
- Talking about school and any TV programmes that raise concerns or further questions
- Making time to spend with a child/young person to encourage them and doing things together

(6) Preparation for leaving care and for independent living

- Opportunity to earn 'pocket money'
- Having a bank account and being encouraged to save
- Shopping and budgeting
- Doing home chores, such as laundry, cooking, decorating a room
- Preparing meals with others
- Making independent choices and sometimes making mistakes
- Keeping links with significant friends and people through texts, phone calls, cards and letters

# Appendix D

## Promoting resilience: effective strategies for child care services

### Early years

#### *In the ante-natal period:*

- Adequate maternal nutrition throughout pregnancy
- Avoidance of maternal and passive smoking
- Moderate maternal alcohol consumption
- Maternal MMR vaccination
- Social support to mothers from partners, family and external networks
- Good access to ante-natal care
- Interventions to prevent domestic violence

#### *During infancy:*

- Adequate parental income
- Social support to moderate peri-natal stress
- Good quality housing
- Parent education
- Safe play areas and provision of learning materials
- Breast feeding to three months
- Support from male partners
- Continuous home based input from health and social care services, lay or professional

#### *During the pre-school period:*

- High quality pre-school day care
- Preparatory work with parents on home-school links
- Pairing with resilient peers
- Availability of alternative caregivers
- Food supplements
- Links with other parents, local community networks and faith groups
- Community regeneration initiatives

### Middle years

- Reception classes that are sufficiently flexible to accommodate a range of cultural and community specific behaviours.
- Creation and maintenance of home-school links for at risk children and their families which can promote parental confidence and engagement.
- Positive school experiences; academic, sports or friendship related.
- Good and mutually trusting relationships with teachers.
- The development of skills, opportunities for independence and mastery of tasks.
- Structured routines, and a perception by the child that praise and sanctions are being administered fairly.

- In abusive settings, the opportunity to maintain or develop attachments to the non-abusive parent, other family member or failing these, a reliable unrelated adult; maintenance of family routines and rituals.
- Manageable contributions to the household which promote competencies, self-esteem, problem-solving and coping.
- In situations of marital discord, attachment to one parent, moderation of parental disharmony and opportunities to play a positive role in the family.
- Help to resolve minor but chronic stressors as well as acute adversities.
- Provision of breakfast and after-school clubs.
- Stable accommodation.

### Adolescence and early adulthood

- Continuity of teacher-child and peer relationships.
- Programmes that encourage emotional literacy.
- Inclusive philosophies that promote positive motivational styles, problem solving coping and discourage 'learned helplessness'.
- Opportunities to develop valued skills through broad based curricula.
- Programmes which encourage peer co-operation and collaboration.
- Avoidance of unnecessary labelling, a role for young people in negotiating family rules, and support of external role models or mentors.
- Social support for parents and enhancement of children's problem solving capacity.
- Connections with cultural or faith communities.
- Where parental separation occurs, opportunity to maintain familiar social rituals.
- Reduction of moves in care.
- Emphasis in schools on educational achievement for vulnerable children.
- Positive peer relationships.
- Opportunities for young people to influence their environments.
- Improve locus of control through valued household tasks or roles, part-time work outside the home, or volunteering.
- Where low levels of social capital are present, early engagement with post-

- school options and active exposure to the full range of post-school opportunities.
- Supportive social networks, prevention of social isolation, and registration with GP and dentist when living away from home for first time.

- Opportunities to enter and be supported in the job market, and help to consider alternative options.
- Where family support is weak, the involvement of supportive adults or mentors throughout and beyond the transitional period.

Source: Newman 2002

## Appendix E

### West Sussex Local Area Agreement targets 2008-11 impacting on vulnerable and LAC

National Indicator No	National Indicators*	Baseline	LAA designated improvement targets			Statutory partners who have signed up to the target and any which are acting as lead partner/s (shown with a *)
			08/09	09/10	10/11	
NI 51	Effectiveness of child and adolescent mental health (CAMHS) services	Not available	13	To be set when new outcome measure devised		West Sussex PCT*; West Sussex County Council*; Sussex Partnership Trust
NI 59	% of initial assessments for children's social care carried out within 7 working days of referral	64.3% (2006/07)	60.0%	67.8%	74.0%	West Sussex County Council*
NI 69	Children who have experienced bullying	To be set in Year 1 through TellUs Survey 2008	To be set in 2009 after the results of the TellUs Survey 2008 are available			West Sussex County Council*; Sussex Learning & Skills Council; Sussex Police
NI 79	Achievement of a Level 2 qualification by the age of 19 NB relates to academic years	73.4% (2005/06)	76.0%	79.0%	82.0%	Sussex Learning & Skills Council*; West Sussex County Council
NI 110	Young people's participation in positive activities	To be set in Year 1 through TellUs Survey 2008	To be set in 2009 after the results of the TellUs Survey 2008 are available			West Sussex County Council*; Arts Council; all Borough & District Councils; Sport England
NI 117	16 to 18 year olds who are not in education, employment or training (NEET) NB Relates to academic years	4.4% (2006/07)	4.2%	4.0%	3.8%	West Sussex County Council*; all Borough & District Councils; Job Centre Plus; Sussex Learning & Skills Council; Sussex Partnership NHS Trust (CAMHS) Sussex Police; Sussex Police Authority; Sussex Probation Service.
NI 147	Care leavers in suitable accommodation	82.4%	85.0%	85.0%	90.0%	West Sussex County Council*; all Borough and District Councils
NI 198	Children travelling to school – mode of transport usually used	31.8% 2006/07	29.8%	28.8%	27.8%	West Sussex County Council*

West Sussex Local Area Agreement 2008-11 - statutory targets

National Indicator	2008 (2007/08 academic year)	2009 (2008/09 academic year)	2010 (2009/10 academic year) (provisional)	2011 (2010/11 academic year) (provisional)
NI 72 Achievement of at least 78 points across the Early Years Foundation Stage with at least 6 in each of the scales in Personal Social and Emotional Development and Communication, Language and Literacy	57.6	58.1	60.1	62.0
NI 73 Achievement at level 4 or above in both English and Maths at Key Stage 2 (Threshold)	80	81	82	83
NI 74 Achievement at level 5 or above in both English and Maths at Key Stage 3 (Threshold)	77	78	79	80
NI 75 Achievement of 5 or more A*-C grades at GCSE or equivalent including English and Maths (Threshold)	56	57	59	60
NI 83 Achievement at level 5 or above in Science at Key Stage 3	81	83	85	88
NI 87 Secondary school persistent absence rate	-	5.5	5.3	5.1
NI 92 Narrowing the gap between the lowest achieving 20% in the Early Years Foundation Stage Profile and the rest	27.6	25.03	23	21
NI 93 Progression by 2 levels in English between Key Stage 1 and Key Stage 2	85	87	88	90
NI 94 Progression by 2 levels in Maths between Key Stage 1 and Key Stage 2	80	83	84	85
NI 95 Progression by 2 levels in English between Key Stage 2 and Key Stage 3	35	42	43	45
NI 96 Progression by 2 levels in Maths between Key Stage 2 and Key Stage 3	72	73	75	77
NI 97 Progression by 2 levels in English between Key Stage 3 and Key Stage 4	67	68	70	72
NI 98 Progression by 2 levels in Maths between Key Stage 3 and Key Stage 4	38	38	40	44
NI 99 Children in care reaching level 4 in English at Key Stage 2	50	61	62	65
NI 100 Children in care reaching level 4 in Maths at Key Stage 2	50	61	62	65
NI 101 Children in care achieving 5 A*-C GCSEs (or equivalent) at Key Stage 4 (including English and Maths)	24.69	30.3	35	37

# Appendix F

## Summary of areas for development in the Annual Performance Assessment (APA) of services for children and young people in West Sussex County Council (2007)

### Overall effectiveness of children's services (Grade 3)

#### Be Healthy (Grade 3)

- Continue to reduce the waiting times for CAMHS services so that they are at least in line with national averages.
- Increase the rate of achievement of Healthy School status so as to meet the national target.

#### Staying safe (Grade 2)

- Ensure the successful implementation of the revised anti-bullying strategy to include training for all relevant authority and partner staff, and comprehensive incident reporting and monitoring mechanisms across the county.
- Ensure that all initial and core assessments are carried out within an appropriate timescale.
- Ensure that all children in care have an appropriately qualified social worker, and that their case reviews are carried out on time.

#### Enjoying and achieving (Grade 3)

- Ensure that Personal Education Plans are in place and are working effectively for all children who are looked after.
- Reduce the number of permanent exclusions in secondary schools and increase the amount of alternative educational provision made for young people who have been permanently excluded from school.

#### Making a positive contribution (Grade 3)

- Increase the participation of children and young people who are looked after in their statutory case reviews.
- Further improve the number of young people leaving the care of the authority who have agreed pathway plans.

#### Achieving economic well-being (Grade 3)

- Analyse the participation of young people from minority ethnic groups in education, employment or training, and identify if and where support is needed to increase their participation.
- Continue to improve housing provision for young people leaving the care of the authority.

#### Capacity to improve, including the management of children's services (Grade 3)

- Ensure that the Integrated Children's System and the new Children-in-Care Service further improve key outcomes for young people, in particular through their increased participation in their case reviews, increased family placements and placement choice, and improved access to suitable housing when they leave the care of the authority.

Grade 4: A service that delivers well above minimum requirements for users

Grade 3: A service that consistently delivers above minimum requirements for users

Grade 2: A service that delivers only minimum requirements for users

Grade 1: A service that does not deliver minimum requirements for users

Source: Ofsted

## Appendix G

### Individuals invited to join the working group (September 2007)

Name	Job title	Organisation
Sue Berelowitz	Head of Partnerships, Children and Young People's Services (CYPS)	West Sussex County Council (WSCC)
Jenny Clifton	County Independent Reviewing Manager	WSCC
Jon Philpot	Principal Manager (Special Needs & Disability), Children's Support, CYPS	WSCC
Nicola Gibbins	Principal Integrated Services Delivery Manager, CYPS Shared Support Services	WSCC
Carole Aspden	CYPS Shared Support Services	WSCC
Jane Melvin	Youth Service Senior Manager for Crawley Area and Connexions	WSCC
Marilyn Barton	Head of Early Childhood Service, CYPS	WSCC
Susan Ellery	Principal Manager, Children in Care, CYPS	WSCC
Ali Rummey	DAAT Joint Commissioning Manager - Young People	West Sussex DAAT, WSCC
Lesley Strong	Deputy Director of Children's Services	WSPCT
Karen Hughes	Nurse Specialist – Looked After Children	WSPCT
Stephen Hardisty	Mental Health Commissioning Manager	WSPCT
Ted Williams	Epidemiology Adviser	West Sussex Primary Care Trust (WSPCT)
Catherine Scott	Associate Director of Public Health	WSPCT
Ann Corkery	Associate Director of Public Health	WSPCT
Clare Harmer	Public Health Observatory Manager	WSPCT
Jacqueline Clay	Shared Intelligence Manager, Adults' Services	WSCC/WSPCT
David Bishop	Health Improvement Specialist Practitioner	WSPCT

# Appendix H

## Questionnaire for key informants (professionals)

1. How does your organisation/service address the needs of vulnerable children and young people who may be at risk of becoming looked after?
2. Thinking about the range of services delivered in West Sussex that impact on vulnerable children and young people: What three things are working well and why?
3. What three things need to be improved so that support is tailored to better meet the needs of individual children and young people? And how might this be achieved?
- 4.i) Which are the main reasons children become looked after or 'come into care' in West Sussex?
- 4.ii) What could be done to reduce the risk of children becoming looked after?
5. What support might other organisations need from local statutory services to reduce the risk of children becoming looked after?
6. What support do parents need to reduce the risk of children becoming looked after?
7. What are the main factors affecting the health and wellbeing of children and young people already in care/being looked after?
8. What more could your organisation realistically do to help looked after children and young people to be happy, healthy and safe if you had sufficient resources (people or money)?
9. What support might foster carers and residential staff need to care for looked after children?
10. What is the role of the local community and how could they be more involved?
11. Do you have any other comments?

# Appendix I

## Needs assessment of vulnerable and looked after children Information for those taking part

### What is it?

West Sussex County Council and West Sussex Primary Care Trust are working together to try and find out how services could be improved for vulnerable and looked after children (children in care) in West Sussex.

We will be talking to professionals who work with vulnerable and looked after children, and holding focus groups with children, young people, parents, foster parents and carers. The needs assessment is a way of reviewing the issues facing vulnerable and looked after children, which will then help us to agree on ways of improving health and making things more fair.

The work is being carried out by a multi-agency working group and led by the West Sussex Public Health Observatory. Results will be made available on the Primary Care Trust website [www.westsussexpct.nhs.uk](http://www.westsussexpct.nhs.uk) and on request.

### Our definition of vulnerable children and young people for this assessment

- Any child or young person who is looked after (in public care)
- Anyone who has left care in the last 2 years (under 20 years of age)
- Those under 18 years who are considered by health or social services to be 'high risk'\*

\*This includes children and young people in special circumstances such as: children whose families have experienced homelessness and who are living in temporary accommodation, and children who have run away from home or care; children exposed to domestic violence, family conflict and/or family breakdown; children who suffer from sexual exploitation; children of parents with specific health needs, for example, those with mental health problems; children of problem drinkers or substance misusers; children who have been excluded from school, are truanting, or are otherwise missing school; young people over 16 who are not in education, employment or training; teenage parents and their children; and children from some ethnic minorities and refugee or asylum-seeking children.

### What might I be asked?

The type of questions that might be asked include:

- What would you say are the most pressing needs of vulnerable children and young people that should be addressed?
- What things are working well locally?
- What things need to be improved?
- To what extent do you feel that your organisation knows the needs of vulnerable children and young people?

### Confidentiality

Whatever you tell us will be handled carefully. The person you talk to will probably take notes, but only those in the research team will see your individual answers. You won't be named and you won't be able to tell who has said what in the final report.

## Appendix J

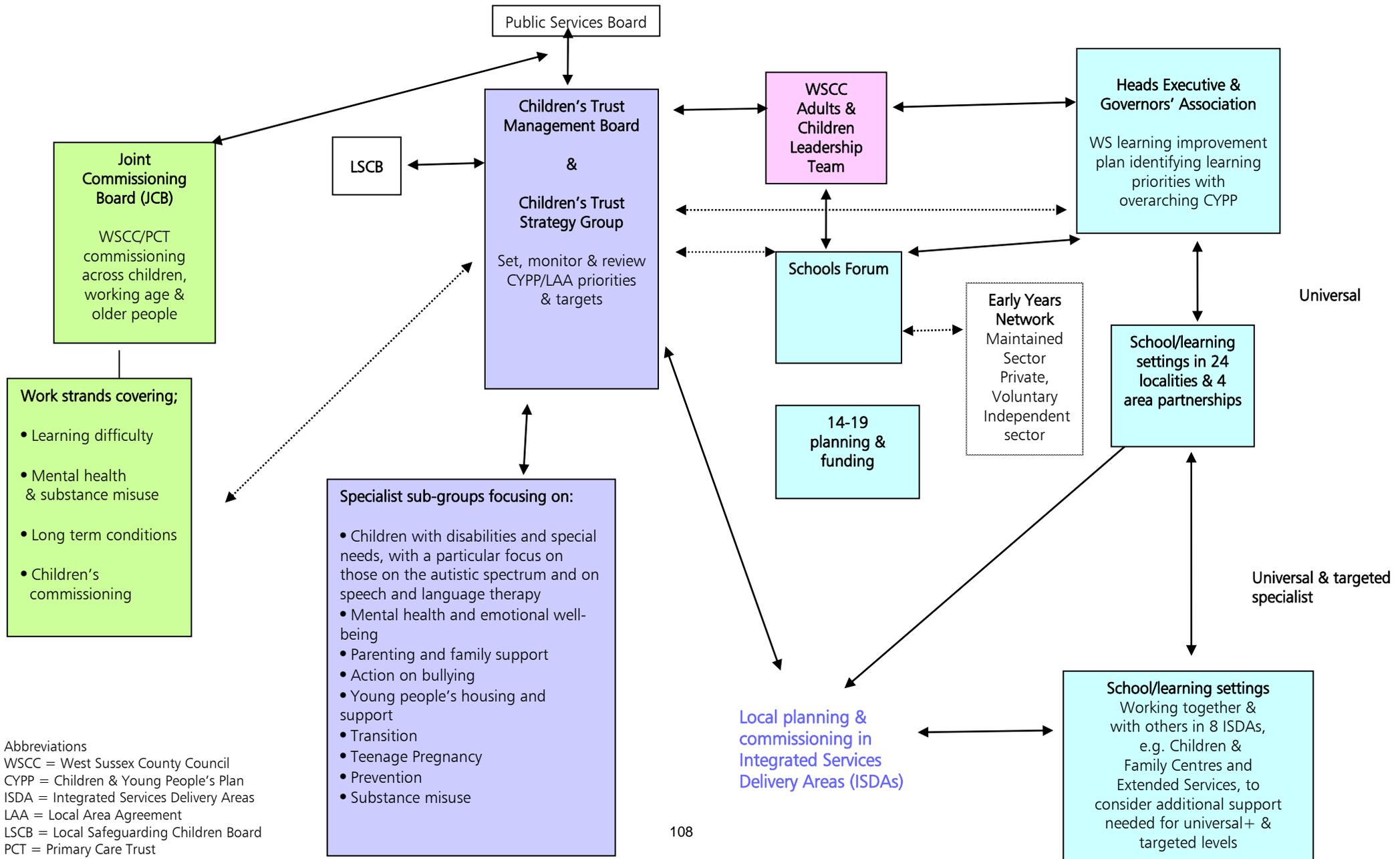
### Key informants (professionals)

	Job title	Organisation
1	Cabinet Member for Children and Young People	West Sussex County Council (WSCC)
2	Residential Care Manager	Children and Young People's Service (CYPS), WSCC
3	14+ Service Manager	CYPS, WSCC
4	County Manager Independent Reviewing Service	CYPS, WSCC
5	Independent Reviewing Officer	CYPS, WSCC
6	Independent Reviewing Officer	CYPS, WSCC
7	Children in Care Service Manager	CYPS, WSCC
8	ISDA Manager	CYPS, WSCC
9	Registered Manager	Seaside Children's Home, WSCC
10	Head Teacher and Head of Centre	Bognor Regis Nursery School and Children's Centre, WSCC
11	Head Teacher and Programme Manager	Chichester Children's Centre, WSCC
12	Health Lead	Sure Start Littlehampton
13	Information Shop Co-ordinator	Chichester Information Shop, WSCC
14	Youth Support Worker	Horsham Information Shop, WSCC
15	Community Safety Officer	Community Safety, WSCC
16	Community Safety Officer (Community Interventions)	Community Safety, WSCC
17	Manager	WORTH project, Community Safety, WSCC
18	Service Manager	Support for Looked After Learners, WSCC
19	Team Manager	Child Disability Team, WSCC
20	Service Manager	Child Disability Team (Residential), WSCC
21	Senior Educational Psychologist	WSCC
22	Head Teacher / LAC Designated Teacher	Bewbush Community Primary School
23	Teacher	Steyning Grammar School
24	Teacher / LAC Designated Teacher	Bognor Regis Community College
25	Teacher / SEN Coordinator	Bognor Regis Community College
26	Teacher / LAC Designated Teacher	Kings Manor Community College
27	Early Interventions Support Worker	Durrington High School/Durrington Middle School
28	Acting Head of Centre	Crawley Pupil Referral Unit
29	County Services Manager	Youth Offending Team, WSCC
30	Head of Service	Youth Offending Team, WSCC
31	Consultant Community Paediatrician	South Downs Health NHS Trust/West Sussex PCT (Mid Sussex)
32	Consultant Paediatrician	West Sussex PCT (Chichester)
33	Associate Specialist in Community Paediatrics	Worthing and Southlands Hospitals NHS Trust
34	Nurse Practitioner for the Homeless	West Sussex PCT
35	General Practitioner	Northbourne Medical Centre
36	Named Dentist for West Sussex Local Safeguarding Children Board	West Sussex Community Personal Dental Service, West Sussex PCT
37	Head of Clinical Services	West Sussex Community Personal Dental Service, West Sussex PCT
38	Clinical Psychologist and Clinical Lead	CAMHS LAC Team, Sussex Partnership NHS Trust

39	Associate Director CAMHS and LDS	Sussex Partnership NHS Trust
40	Integrated Team Manager - Primary Mental Health Work Service	Sussex Partnership NHS Trust
41	DAAT Joint Commissioning Manager- Young People	West Sussex DAAT
42	Resident Services Manager	Southern Housing Group
43	Manager - Children and Family Team	Caburn Support Services
44	Project/Support Worker	The Foyer (Servite Houses)
45	Registered Care Manager	Private Children's Home
46	Registered Manager	Families For Children
47	Personnel	Families for Children
48	Foster Carer	Families for Children
49	Chairman	United Foster Care Association
50	Senior Advocate and Programme Manager	West Sussex PAR Project, The Children's Society
51	Chief Executive	Sussex Autistic Society
52	Project Worker	Asphaleia
<b>FOCUS GROUP PARTICIPANTS</b>		
1	Nurse Specialist – Looked After Children	West Sussex PCT
	Nurse Specialist – Looked After Children	West Sussex PCT
	Nurse Specialist – Looked After Children	West Sussex PCT
	Safeguarding and Child Protection Nurse Consultant	West Sussex PCT
2	Manager	Homestart, Crawley and Horsham
	Speech and Language Therapist	West Sussex PCT
	Family Outreach Coordinator	Sure Start, Crawley
	Project Manager	The BASE project
	Health Visitor	West Sussex PCT
	Health Visitor	West Sussex PCT
3	Connexions County Coordinator	Connexions, WSCC
	Personal Advisor - Connexions Intensive Support Team	Connexions, WSCC
	Personal Advisor - Connexions Intensive Support Team	Connexions, WSCC
	Personal Advisor - Connexions Intensive Support Team	Connexions, WSCC
	Personal Advisor - Connexions Intensive Support Team	Connexions, WSCC
	Personal Advisor - Connexions Intensive Support Team	Connexions, WSCC
4	Foster Carer	Resident in Adur
	Foster Carer	Resident in Adur
	Foster Carer	Resident in Chichester
	Foster Carer	Resident in Worthing
	Foster Carer	Resident in Worthing
	Foster Carer	Resident in Worthing
	5	Social Worker
Social Worker		Chichester ISDA Team, WSCC
Social Worker		Chichester ISDA Team, WSCC
Social Worker		Chichester ISDA Team, WSCC

# Appendix K

## Planning and commissioning for children and young people in West Sussex (May 2008)



Abbreviations  
 WSCC = West Sussex County Council  
 CYPP = Children & Young People's Plan  
 ISDA = Integrated Services Delivery Areas  
 LAA = Local Area Agreement  
 LSCB = Local Safeguarding Children Board  
 PCT = Primary Care Trust

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West Sussex Primary Care Trust and West Sussex County Council 2008

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